

CERTIFICATE CORRECTED 12-3-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. _____

51 10001

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARIA BACCALA

2. DATE
OF
DEATH

November 16 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2327 N.Charles St.**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Melchor Convalescent Home

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE

D. STREET ADDRESS (If rural, give location)

2327 N.Charles St.

c. Length of stay in Baltimore

37 Yrs.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

Michele Valentino

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

December 6 1888

9. AGE (In year: last birthday)

62

If Under 1 Year Months: Days Hours: Min.

11 10

11. BIRTHPLACE (State or foreign country)

Vasto

Italy

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Giovina Renzitti

17. INFORMANT

2513 West St.

Mrs. Dominic Altieri Union City N.J.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **hypertensive cardio-vascular disease**

sev yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1950, 1950, to Nov 16, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2431 Maryland Avenue

11-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Novem. 20/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 19 1951

Frank Della Noce 322 S. High St.

MEDICAL CERTIFICATION

RECEIVED 12 1952

MAIL ROOM

12 1952

12 1952

12 1952

12 1952

12 1952

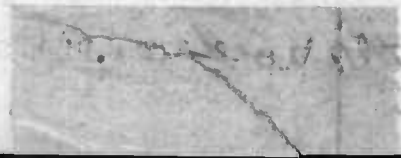
12 1952

12 1952

WATLEY

CONGRESS

BOND



345
51 10002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10002
Registered No.

1. NAME OF DECEASED (Type or Print) GIUSEPPE CATALANO		2. DATE OF DEATH November 17 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 623 W. Hamburg St.		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MARYLAND B. COUNTY Hamburg St.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, state RURAL and give township) Baltimore	
c. Length of stay in Baltimore 38 Yrs		D. STREET ADDRESS (If rural, give location) 623 W. Hamburg St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 2 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor (Retired)		10B. KIND OF BUSINESS OR INDUSTRY B.O.R.R.	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) Racua Messina Italy		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Angelo Catalano		14. MOTHER'S MAIDEN NAME Rosa ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Angelo Catalano		ADDRESS 1104 William St.	
18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) athero sclerosis DUE TO (C) Hypertension		INTERVAL BETWEEN ONSET AND DEATH 1 hr ? 15+ yrs 15+ yrs	
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct , 19 49 , to 11/17 , 19 51 , that I last saw the deceased alive on 11/5 , 19 51 , and that death occurred at 2 p m., from the causes and on the date stated above.			
23A. SIGNATURE Maurice Feldman Jr		23B. ADDRESS The Latrobe, Charles St	
23C. DATE SIGNED 11/18/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 21 1951	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery		24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 19 1951		REGISTRAR'S SIGNATURE Frank Della Noce	
25. FUNERAL DIRECTOR Frank Della Noce		ADDRESS 322 S. High St.	

11:00

November 14, 1942

STANDARD TIME

11:00

11:00

11:00

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11:00

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460
51 10003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10003
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Martin Gilroy

2. DATE
OF
DEATH

Nov. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3112 Dillon Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 4 - 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

Coal-miner.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Martin Gilroy

14. MOTHER'S MAIDEN NAME

Rose Coyle

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Nora Gilroy 3112 Dillon St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Wremed

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Intermedular

DUE TO

Cardio Vascular Disease.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11/13/1950 to 11/17/1951 that I last saw the deceased alive on 11/17/1951 and that death occurred at 1:45 AM from the causes and on the date stated above.

23A. SIGNATURE

Paul Coffey Jr.

M. O.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

11/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-20-51

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cem.

24D. LOCATION (City, town, or county)

blundalk

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John G. Connolly

25. FUNERAL DIRECTOR

ADDRESS

John G. Connolly - 418 Eastern Ave

Balto St, Md

NOV 19 1951

VS 150

65021

935

381-4

620
1 10004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10004
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bennet B. Norris

2. DATE
OF
DEATH Nov. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY none

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

611 Reservoir St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

611 Reservoir St.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 17, 1871

9. AGE (In years last birthday)

80

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done or occupation for working life, even if retired)

Collector by law

10B. KIND OF BUSINESS OR INDUSTRY

Shriver, Bartlett & Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

James B. Norris

14. MOTHER'S MAIDEN NAME

Theodora Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Sophia B. Norris

ADDRESS
611 Reservoir St.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V.D.
DUE TO

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis
DUE TO

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1948, to Nov 18, 1951, that I last saw the deceased alive on Nov 18, 1951, and that death occurred at 2:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Scott M. D.

23B. ADDRESS

8 Longwood Road

23C. DATE SIGNED

11/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11 - 20 - 51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

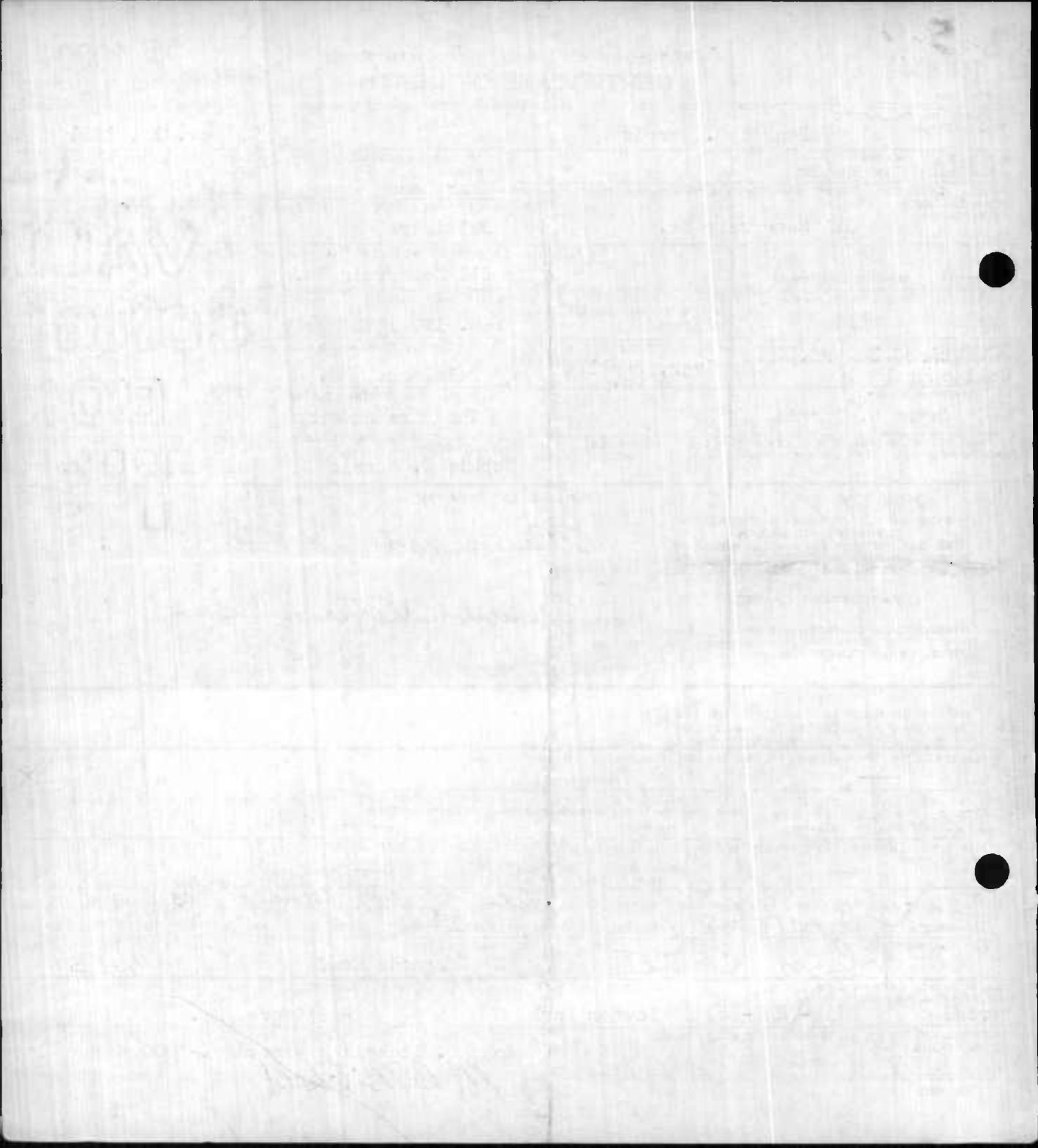
William H. Williams

25. FUNERAL DIRECTOR

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

ADDRESS

M B Mitchell



24 52
10005

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10005
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John Weems Hawkins Jr.</i>		2. DATE OF DEATH <i>Nov 18, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or location) <i>Union Memorial Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>1504 Northwood Rd</i>			
Length of stay in Baltimore <i>71?</i> Yrs. Mos. Days			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>July 9, 1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>IN SKEET SHOOTING</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John Weems Hawkins</i>		14. MOTHER'S MAIDEN NAME <i>Amanda Maxwell</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>unknown</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>III</i>		ADDRESS <i>Mumfries, Mrs. John W. Hawkins 3651 Mumfries Ave. Penn</i>	

18. *443X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Type Peripheral Vascular Collapse*
DUE TO

(B) *Hypertensive Cardio-Vascular disease*
DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>11-16-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Benign parathyroid hypertrophy</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 14, 1951*, to *Nov 18, 1951*, that I last saw the deceased alive on *Nov 18, 1951*, and that death occurred at *4:45 p.m.*, from the causes and on the date stated above.

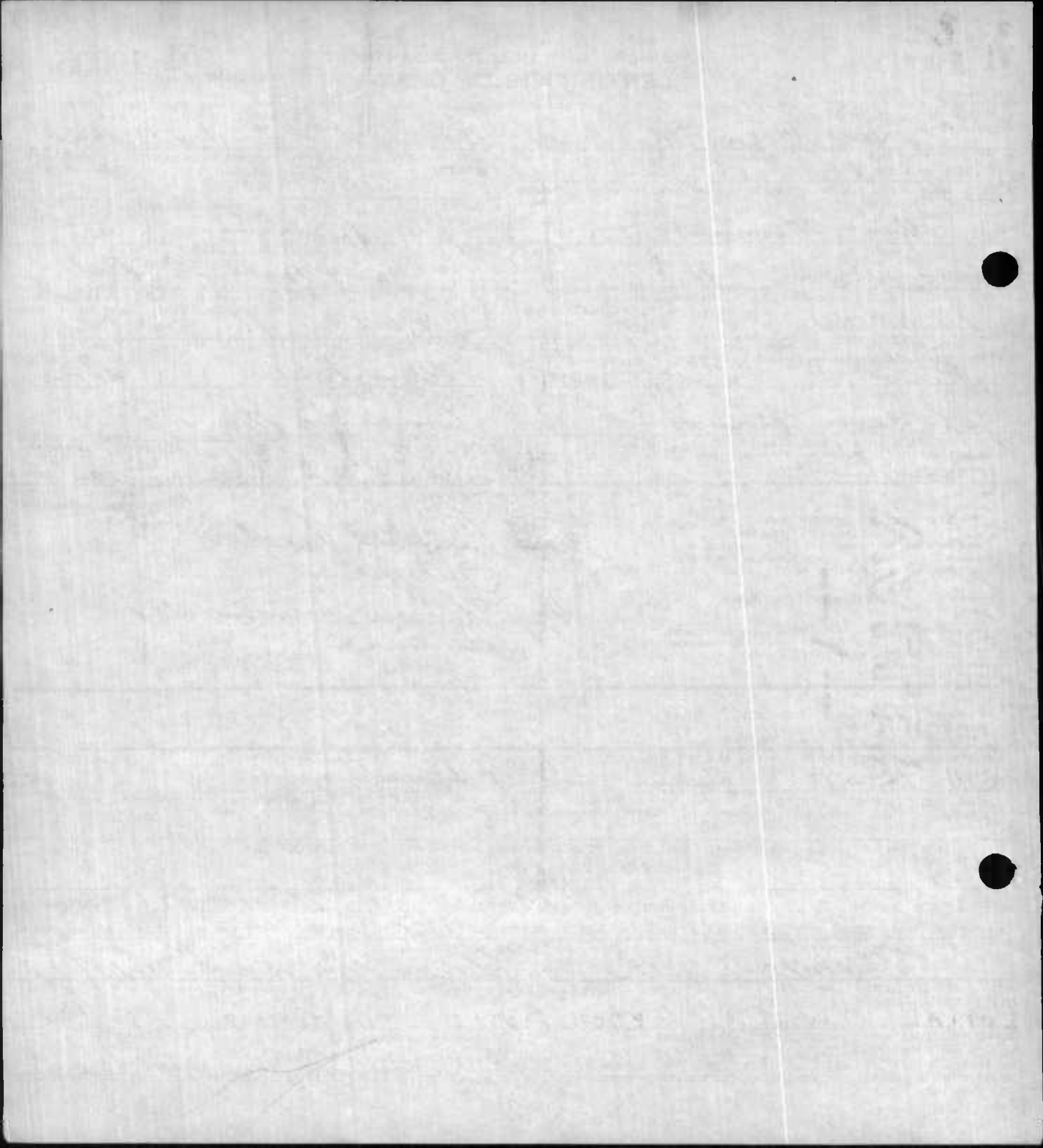
23A. SIGNATURE <i>Clarence Trower</i>	23B. ADDRESS <i>Union Memorial</i>	23C. DATE SIGNED <i>11/18/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>Nov. 21, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>GREEN MOUNT</i>	24D. LOCATION (City, town, or county) (State) <i>BALTIMORE, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 19 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>John O. Mitchell Sons Inc.</i>
		ADDRESS <i>1900 Eutaw Pl.</i>	

0938V

93D

MEDICAL CERTIFICATION



362
MK-154060
51-10006
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10006

1. NAME OF DECEASED
(Type or Print) Margaret Peterson2. DATE
OF DEATH II-19-513. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospital
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore EssexD. STREET ADDRESS (If rural, give location)
8 C Westway South 53005. SEX
Female6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
I-26-209. AGE (in years last birthday) 31
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Richard Henry14. MOTHER'S MAIDEN NAME
Katherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMED BY Baltimore City Hospital
Records: 4940 Eastern Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Subarachnoid Hemorrhage
DUE TO

24 Hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular Disease
DUE TO
(C)

2 Yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from I-19-191, to I-19-191, that I last saw the deceased alive on II-19-191, and that death occurred at 12:20 Pm., from the causes and on the date stated above.

23A. SIGNATURE J. B. Rogers

23B. ADDRESS

23C. DATE SIGNED

M. D. 4940 Eastern Ave.

II-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

20101

10/10/10

10/10/10

10/10/10



155
51 10007

CERTIFICATE CORRECTED 12/4/51

51 10007

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Baratny Solomon		2. DATE OF DEATH November 19, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE md. B. COUNTY Prince George	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rivendale	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 5605 Kennedy St. 6600	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-14-18
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 33
13. FATHER'S NAME Nathan Haltyman		11. BIRTHPLACE (State or foreign country) New York	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Rachel Alishaneky	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 456X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO Lupus Erythematosus DUE TO Disseminated (over)		INTERVAL BETWEEN ONSET AND DEATH 10 min. 10 yrs. (over)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-22, 1951**, to **11-19, 1951**, that I last saw the deceased alive on **11-19, 1951**, and that death occurred at **4:12 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Frederick W. Dick** M. D. 23B. WHERE SIGNED **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **Nov. 19, 1951**

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11-19-51		24C. NAME OF CEMETERY OR CREMATORY United Hebrew		24D. LOCATION (City, town, or county) (State) New York N.Y.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR Jack Lewine		ADDRESS 2100 Euteria Rd	

See Document File 51 10007
12/4/51 ES

51 10008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10008

Registered No.

BIRTH NO. 51-17054

1. NAME OF DECEASED
(Type or Print)

Baby Connie Reynolds

2. DATE
OF
DEATH

Nov. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

LUTHERAN GENERAL HOSP.

Yrs.

Mos.

Days

Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

3217 WESTMONT AVE

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

July 20, 1951

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM REYNOLDS

14. MOTHER'S MAIDEN NAME

SHIRLEY MAY WILSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

WM. REYNOLDS. 3217 WESTMONT AVE

18. 500X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Tracheal stenosis

INTERVAL BETWEEN ONSET AND DEATH

18 Nov - 19 Nov

DUE TO

(B)

Tracheal - bronchitis, severe

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Pneumonia, bilateral

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19 Nov 51

19B. MAJOR FINDINGS OF OPERATION

Emergency tracheotomy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

10 AM

10:45 AM

22. I hereby certify that I attended the deceased from 19 Nov., 1951, to 19 Nov., 1951, that I last saw the deceased alive on 19 Nov., 1951, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William W. Bindevan

M. D.

23B. ADDRESS

Lutheran Hosp. 1st fl.

23C. DATE SIGNED

19 Nov 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-21-51

24C. NAME OF CEMETERY OR CREMATORY

Springhill Cemetery

24D. LOCATION (City, town, or county)

Lynchburg, Virginia

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 20 1951

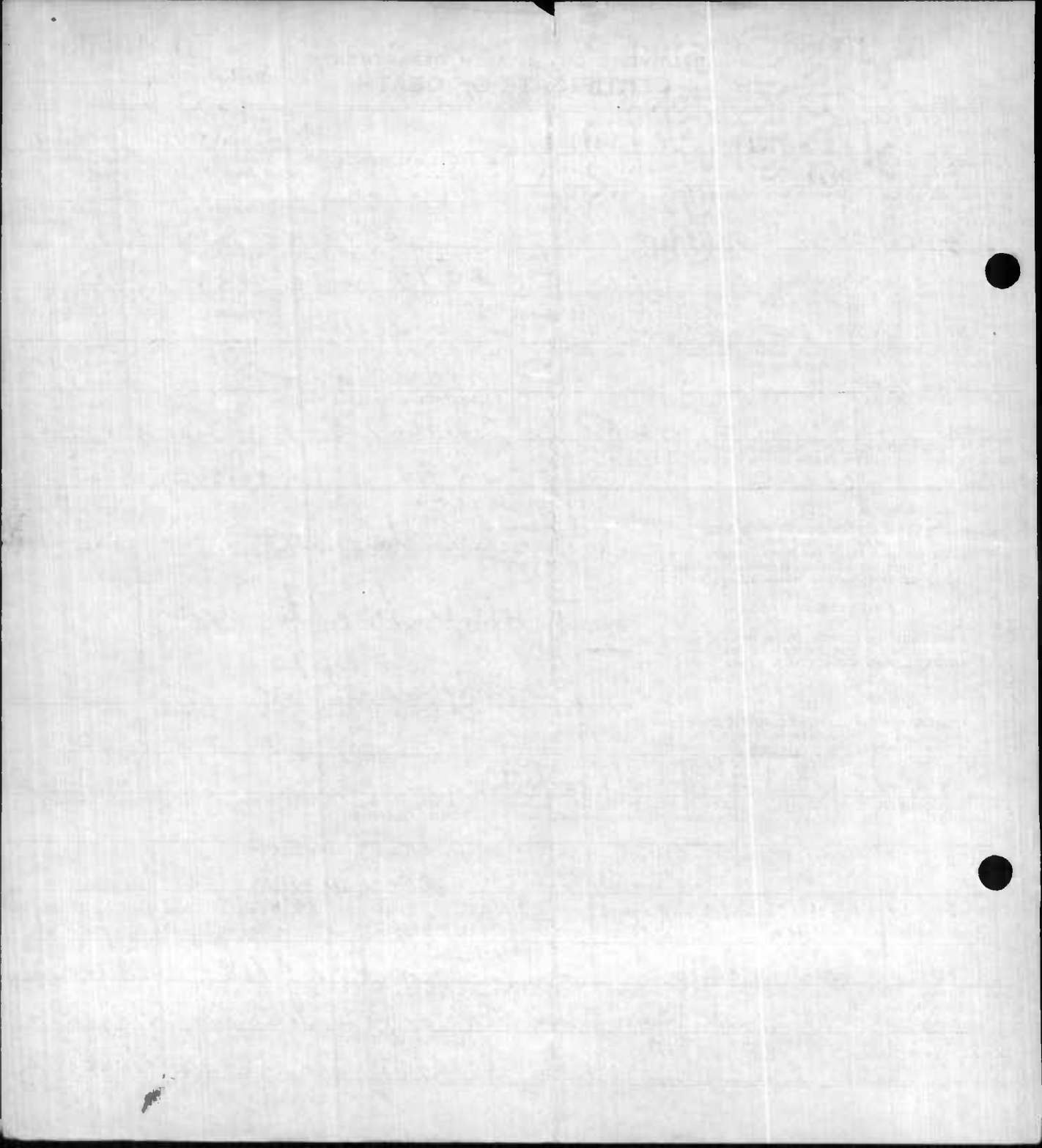
REGISTRAR'S SIGNATURE

William W. Bindevan

25. FUNERAL DIRECTOR

George L. Schwab 2101 Frederick Ave.

ADDRESS



51 10009

CLARENCE CHAMBER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10009

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Clarence Chamber*2. DATE
OF
DEATH*Nov. 2, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*Good Samaritan Home*

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*colored*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*?*4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)*Maryland*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore *5-02*

D. STREET ADDRESS (If rural, give location)

250 N. 1120 E. Exeter Street EXETER ST

8. DATE OF BIRTH

*?*9. AGE (In years
last birthday)*58*If Under 1 Year
Months Days*58*If Under 24 Hours
Hours Min.*58*10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*?*12. CITIZEN OF
WHAT COUNTRY?*?*

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Hospital Record*18. *4 yr. 1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *ARTERIO-SCLEROTIC CRISIS*DUE TO *VASCULAR DISEASE*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *CONGESTIVE FAILURE*

DUE TO

(C) *Emphysema*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on *11/7*, 19*51*, and that death occurred at *1:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

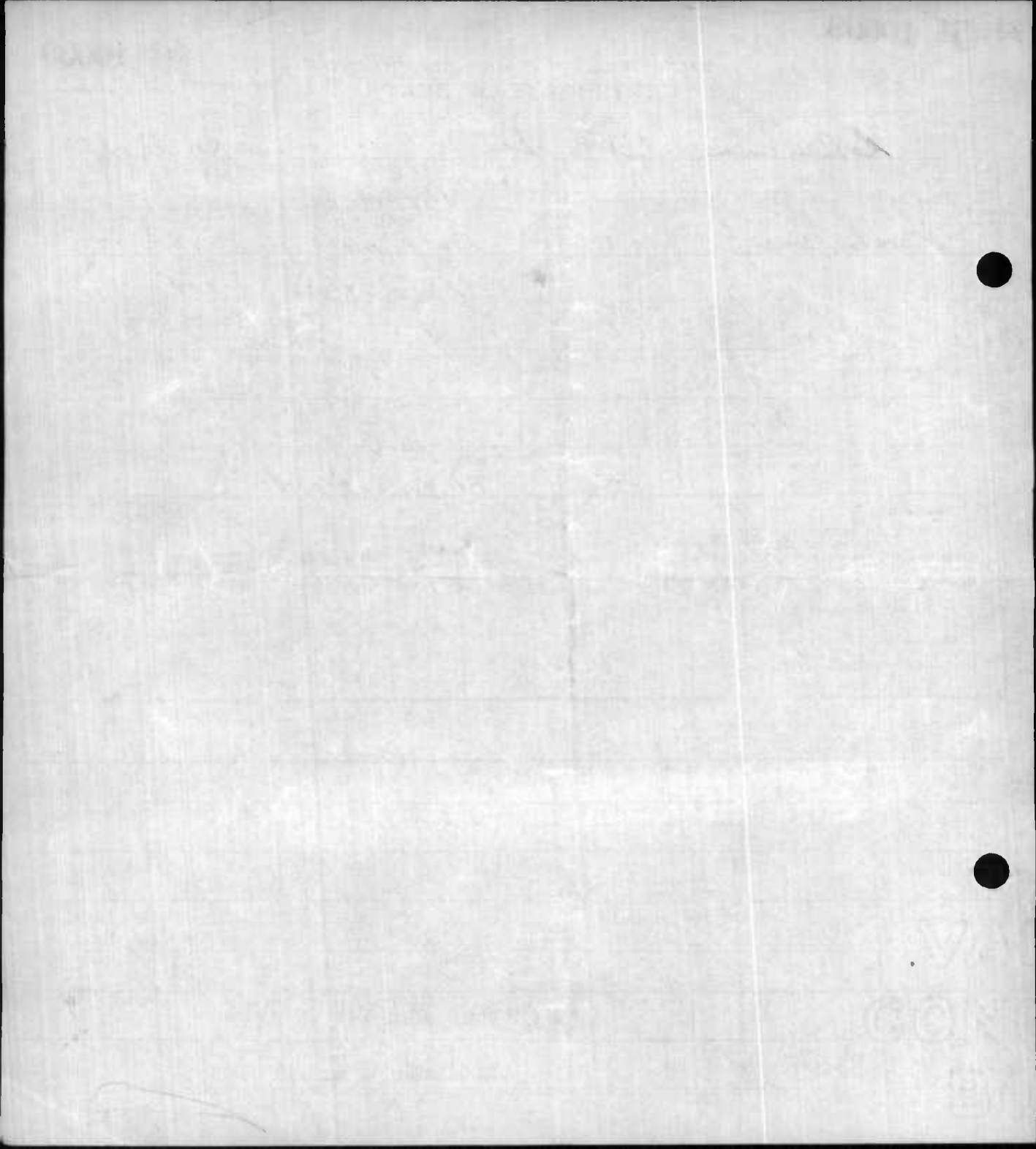
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*NOV 20 1951**Commissioner of Health**Commissioner of Health*



460
51 10010SCHILLER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10010
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Helena Schiller</i>		2. DATE OF DEATH <i>Nov. 19, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>7-03</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>906. N. Patterson Park Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
5. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>906. N. Patterson Park Ave.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Feb. 26, 1971</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>OWN. Home</i>	9. AGE (in years last birthday) <i>80.</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. City</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>George Schiller</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Strobel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mrs. Sophia Kahler</i>		ADDRESS <i>Ave 906 N. Patterson Park</i>	

18. <i>422.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Insufficiency</i>	CAUSE OF DEATH (A) <i>Myocardial Insufficiency</i> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>6 mo</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May</i> , 1951, to <i>Nov. 19</i> , 1951, that I last saw the deceased alive on <i>Nov. 18, 1951</i> , and that death occurred at <i>1 A. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. A. Zimmerman M. D.</i>		23B. ADDRESS <i>2835 94th Ave</i>		23C. DATE SIGNED <i>11-20-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/21/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Inman's Luth. Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Lassahn Funeral Home 7401 Belair Rd</i>			

Dr. Zimmerman

2858 Harford Rd.

51 10011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10011

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ORRIE ERDMAN DOUB

2. DATE
OF
DEATH

Nov. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

7621 Bagley Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

417 E. Belvedere Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

June 12, 1905

9. AGE (In years

last birthday)

46

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Office worker

10B. KIND OF BUSINESS OR
INDUSTRY

Cemetery Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Peter Campbell Erdman

14. MOTHER'S MAIDEN NAME

Lee Elzena Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

(Yes, no or unknown)

no

16. SOCIAL

SECURITY NO.

218-14-0491

17. INFORMANT 7621 Bagley Avenue ADDRESS

Wallace B. Erdman

18.

170x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of breast
to metastasize to liverINTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.19A. DATE OF OPERATION
Aug 1949, Oct 51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1951, to Nov 17, 1951, that I last saw the
deceased alive on Nov 17, 1951, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Helbrich

M. D.

23B. ADDRESS

5006 Roland Ark-

23C. DATE SIGNED

11/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

11/20/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Ma.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1951

REGISTRAR'S SIGNATURE

[Signature]

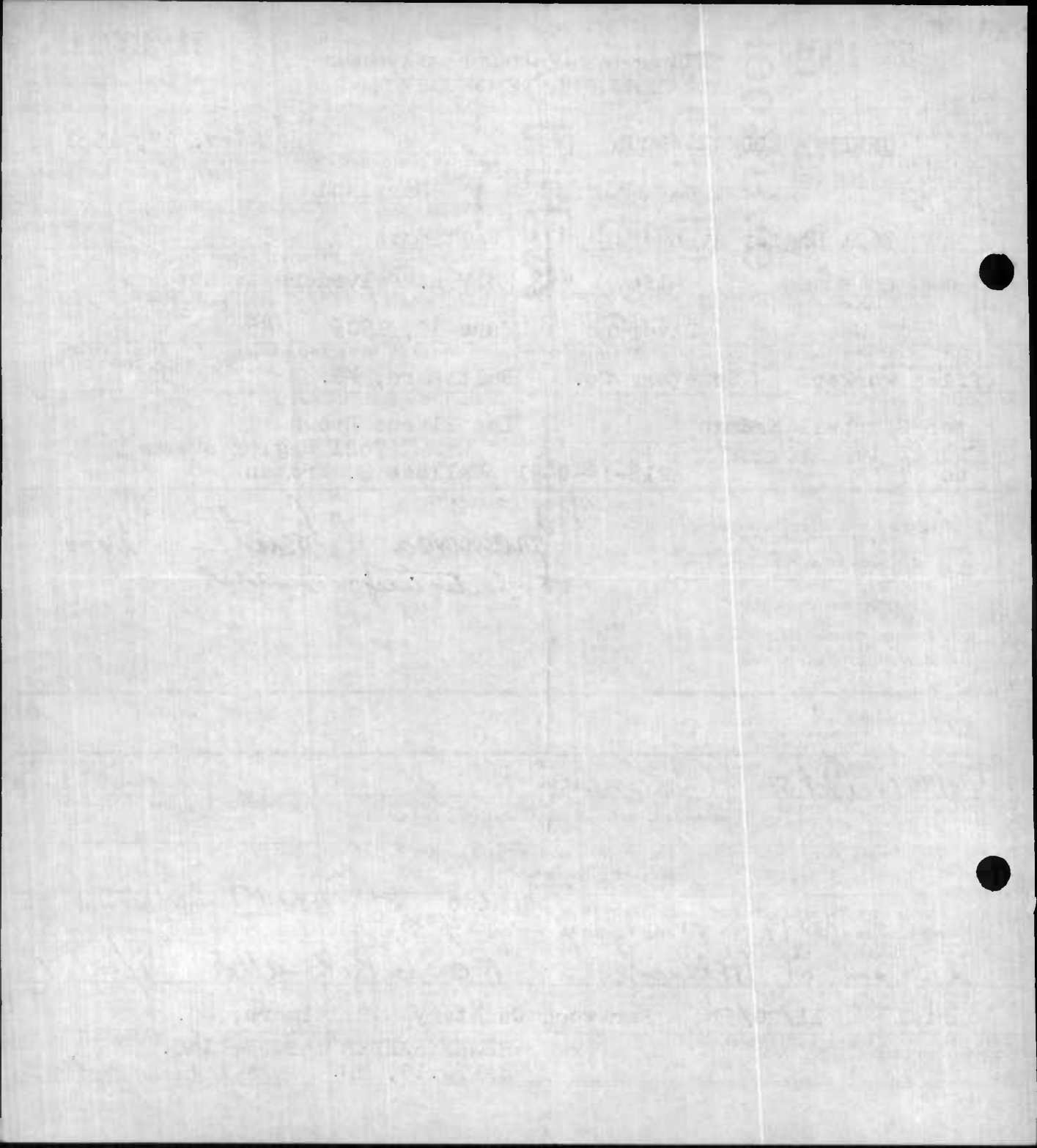
25. FUNERAL DIRECTOR'S

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 13, MD.

[Signature]



24 51 10012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 50-25305

1. NAME OF DECEASED
(Type or Print)

Baby Michael Nicholson

2. DATE
OF
DEATH

November 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital Caton & Wilkens Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Baby

8. DATE OF BIRTH

11-18-1950

9. AGE (In years
last birthday)

1 2

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

NONE

13. FATHER'S NAME

Norman Nicholson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

NORMAN NICHOLSON ELLICOTT CITY

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Acute Dehydration*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Nausea, vomiting, diarrhea*

DUE TO

3 wks

(C) *Electrolyte imbalance*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17, 1951, to 11/19, 1951, that I last saw the
deceased alive on 11/19, 1951, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

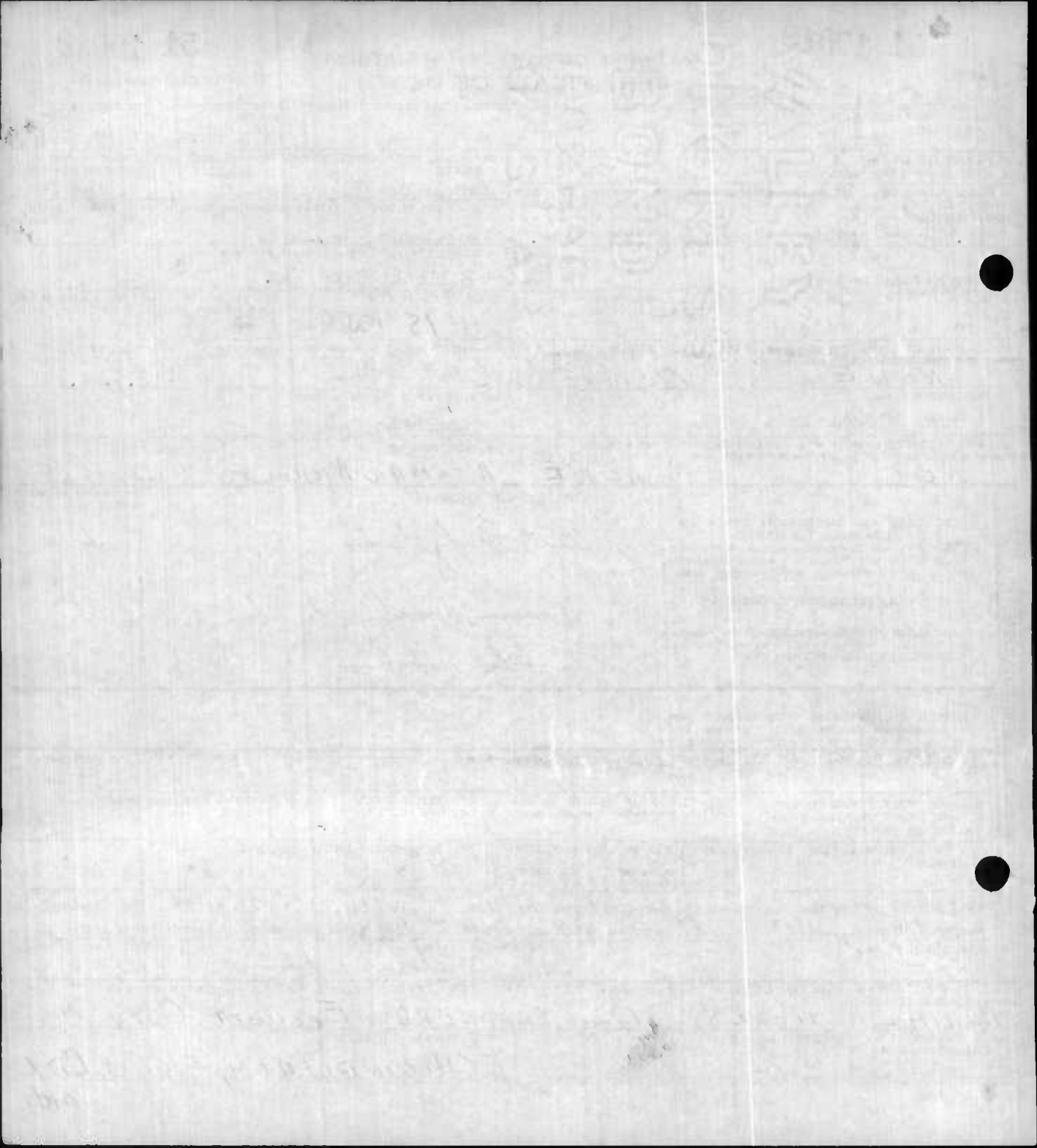
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Mandel Hannah

2. DATE
OF
DEATH

11-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

LEVINDALE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

27-17

D. STREET ADDRESS (If rural, give location)

GREENSPRING + BELVEDERE QUE

Length of stay in Baltimore

35

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

FEMALE

WHITE

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

?

13. FATHER'S NAME

NOT KNOWN

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

CLYDE S. GENTZ - 1730 BLOOMINGDALE RD

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January 16, 1948, to November 19, 1951, that I last saw the deceased alive on 11-19-51, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23. SIGNATURE

23a. ADDRESS

23c. DATE SIGNED

Jerome J. Blumberg M.D.

Leaside Home

11-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

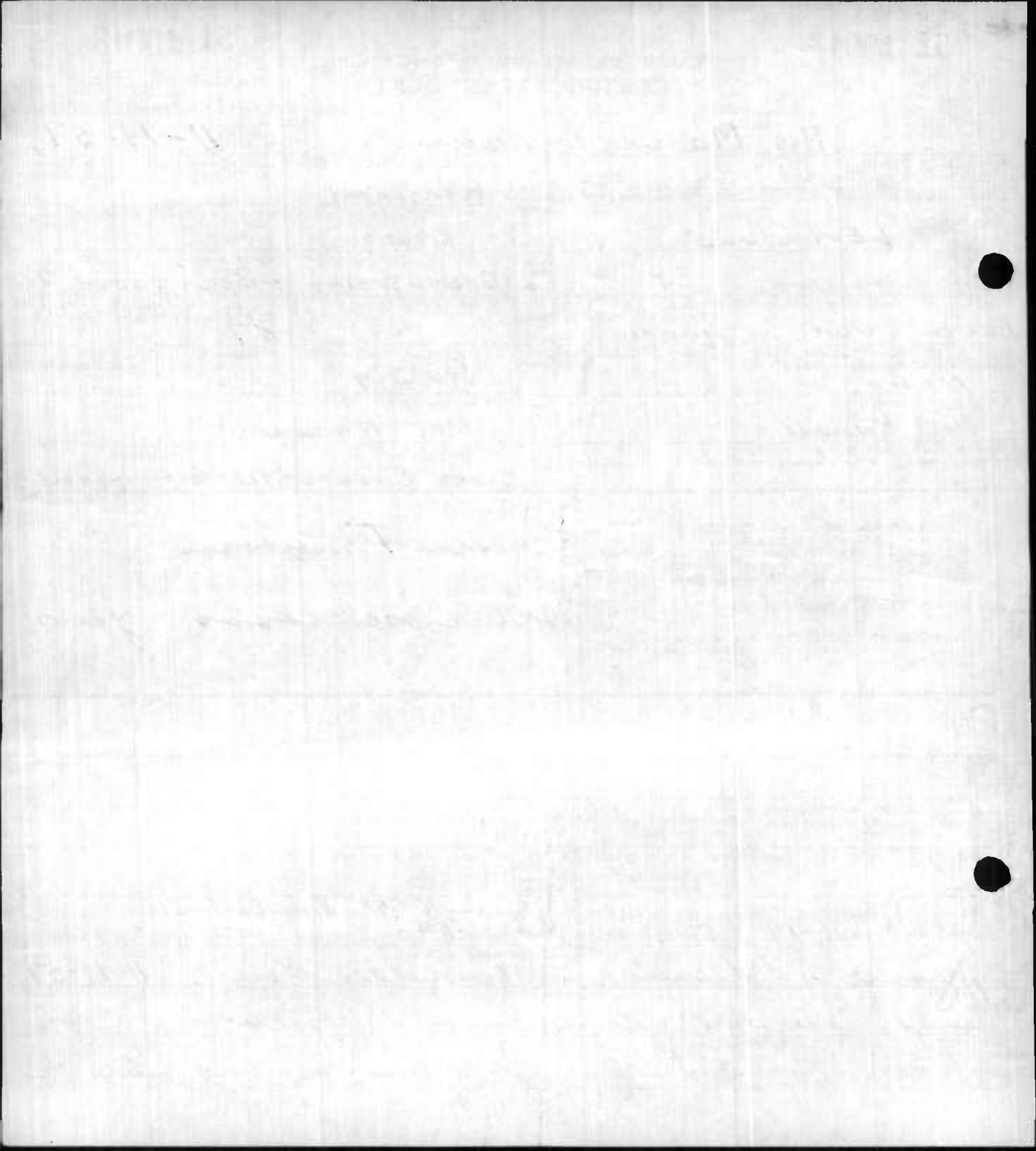
25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1951

Huntington Williams

Jack Lewis Inc - 2100 Eutan R



655
51 10014BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10014
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISAAC SHERMAN

2. DATE
OF
DEATH

11/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

Shenai Hospital

Length of stay in Baltimore

50

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3809 Norfolk Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1951, to 11/18, 1951, that I last saw the
deceased alive on 11/18, 1951, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

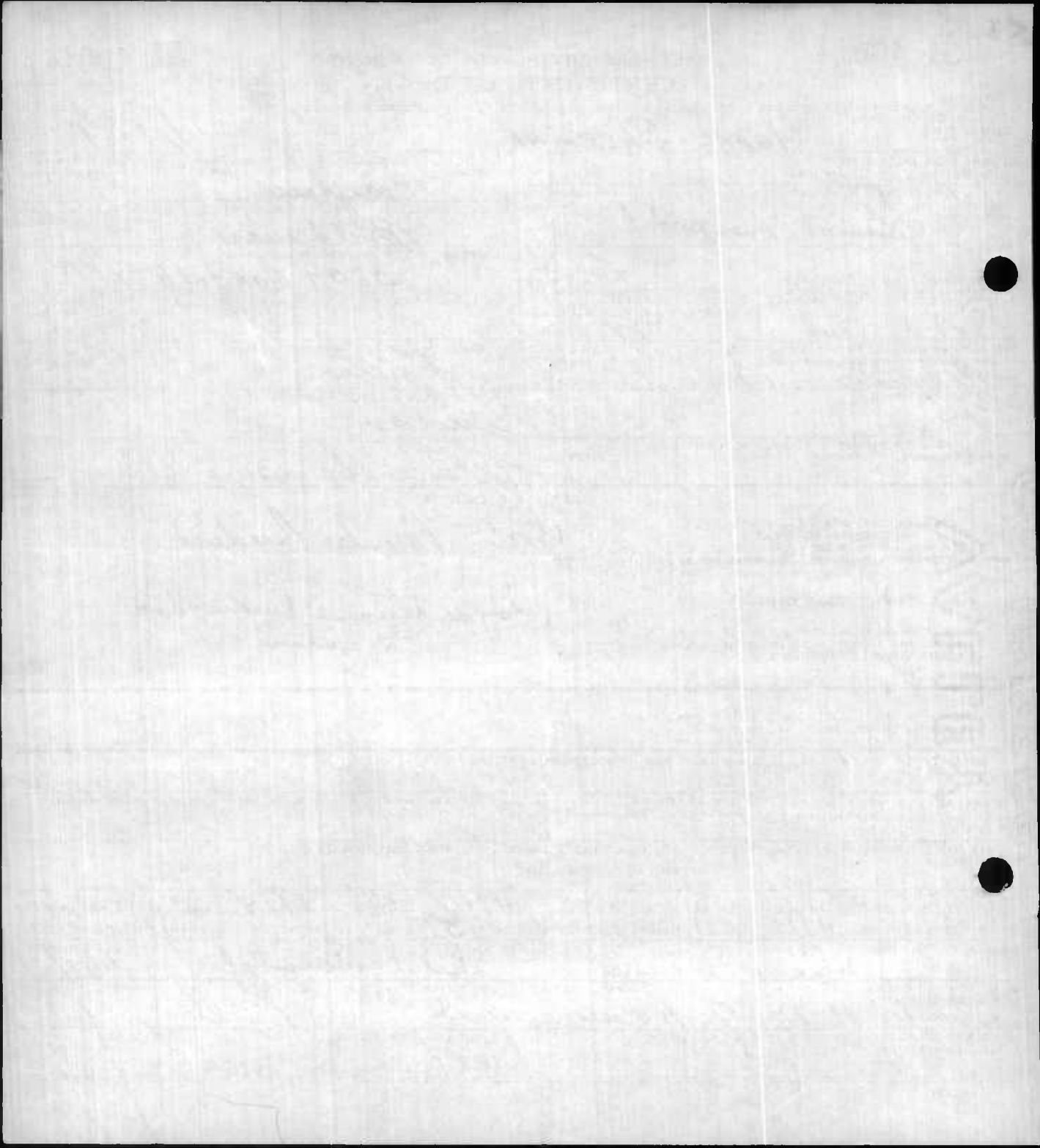
ADDRESS

NOV 20 1951

VS 150

4906C

937



51 10015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10015
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

HANSEN

2. DATE
OF
DEATH

November 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

Dundalk

D. STREET ADDRESS (If rural, give location)

8136 Cornwall Road

5300

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 10, 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Carpenter10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Norway

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Hansen

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Milton Hansen, 8136 Cornwall Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office Bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Nov. 20, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1951
VS 151

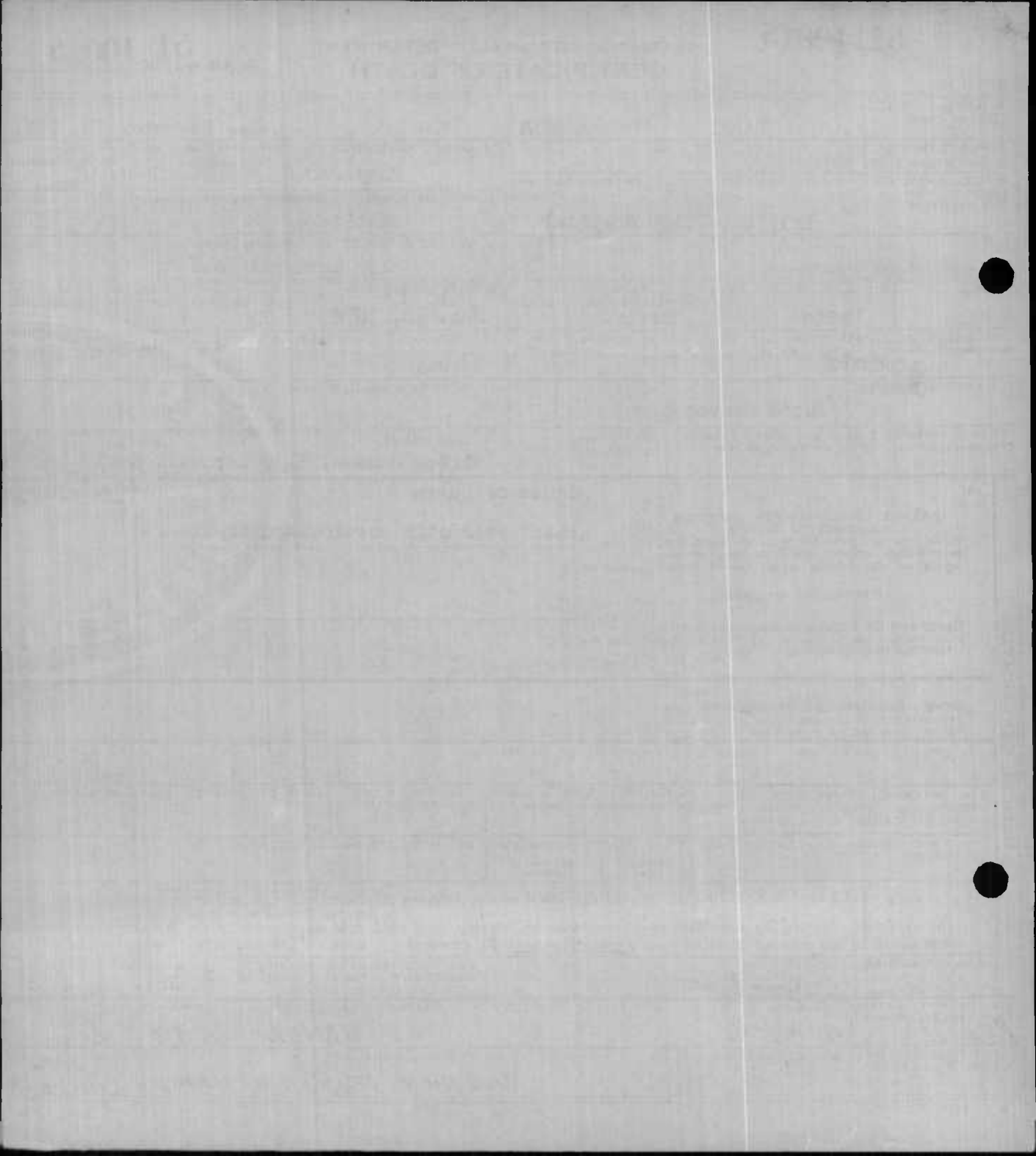
ULLRICH FUNERAL HOME DUNPARK

51024

937

AU

MEDICAL CERTIFICATION



620
51 10016BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10016

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ANNA LOUISE KRAUSS		2. DATE OF DEATH Nov. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 632 N. Kenwood Ave.				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02	
D. STREET ADDRESS (If rural, give location) 632 N. Kenwood Ave.				E. LENGTH OF STAY IN BALTIMORE life Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 26, 1881	9. AGE (In years last birthday) 70	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
13. FATHER'S NAME Julius W. Krauss			14. MOTHER'S MAIDEN NAME Catherine Schuman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Rita Cleary, neice, above			ADDRESS		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO (B) Hypertension DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 10 days	19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
--	---

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1951, to Nov. 18, 1951, that I last saw the deceased alive on Nov. 17, 1951, and that death occurred at 6:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE W. J. Schumacher	23B. ADDRESS 701 N. Kenwood Ave. M. D.	23C. DATE SIGNED Nov. 19-51
------------------------------------	--	--------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 21, 1951	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	ADDRESS

WATLEY
GENERAL
BOARD

10

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613 51 10017

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10017

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>John J Charvat</i>			2. DATE OF DEATH <i>11-18-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>City Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-04</i>		
Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>3031 Matthews Street</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug. 14, 1883</i>		9. AGE (In years last birthday) <i>68</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Street Cleaner</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>City Employee</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>unknown</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT ADDRESS <i>Catherine Charvat, wife, above</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebro-vascular Accident</i> DUE TO (B) <i>Hypertensive Cardio-vascular Disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i> <i>Several years.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inquiry* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Robert B. McFadden</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <i>11-19-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 21, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>4430 Belair Rd. Balto. Md.</i>	25. FUNERAL DIRECTOR ADDRESS <i>Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 20 1951</i>	REGISTRAR'S SIGNATURE <i>William J. McFadden</i>	

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Date of Registration		12. Office of Registration	

51 10018

51 10018

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Henson

2. DATE
OF
DEATH Nov.-16-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

250 Bethel Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

250 Bethel Court

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Sept.-19-1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Howard Henson 1644 Delano Court

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1951, to Nov. 16, 1951, that I last saw the
deceased alive on Nov. 16, 1951, and that death occurred at 12 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/20/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 20 1951

VS 150

Choy O. Wilson 1100 Brantly Ave

108

Agitation
in the
South

10-12-1901

10-12-1901

450
51 10019BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 10019

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary R. Whelan

2. DATE
OF
DEATH

Nov 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1308 W. Lombard St

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1308 W. Lombard St

8. DATE OF BIRTH

9-4-1875?

9. AGE (In years)

76?

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

OFFICE CLERK - RET BY P. TEL CO

10B. KIND OF BUSINESS OR

INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

JAMES WHELAN

14. MOTHER'S MAIDEN NAME

MARY A. FEELY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

MARGARET WHELAN 1308 W. Lombard

ADDRESS

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL THROMBOSIS

DUE TO

4 da.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 25, 1951, to Nov. 19, 1951, that I last saw the
deceased alive on Nov. 19, 1951, and that death occurred at 10:49 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert K. Korman

M.D.

23B. ADDRESS

1934 Wilkens Av.

23C. DATE SIGNED

Nov. 20, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral BALTO MD

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 20 1951

REGISTRAR'S SIGNATURE

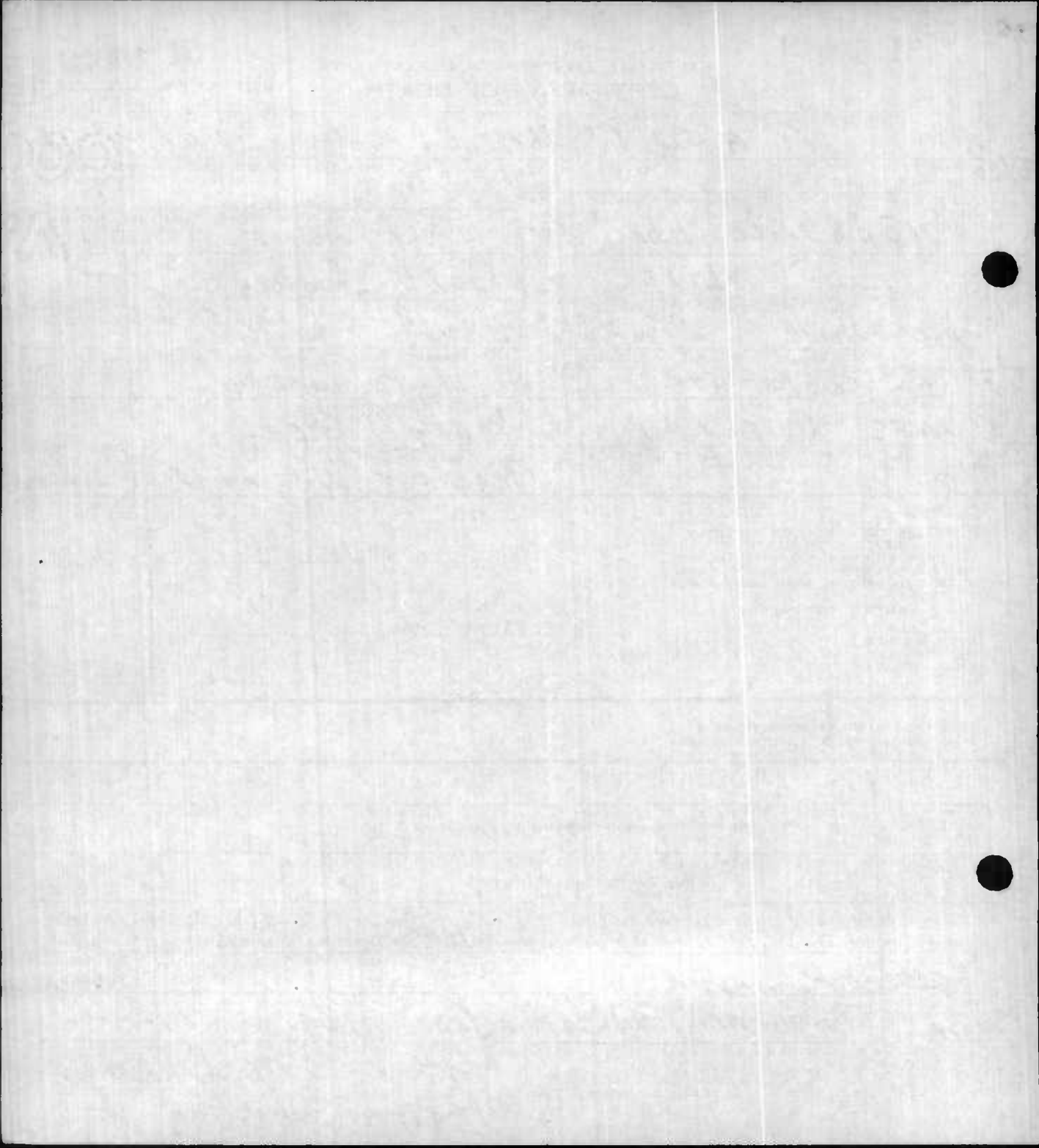
[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

R. H. & Stricker St 582



Y-520
51 10020

51 10020

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Maudie Young.* 2. DATE OF DEATH *Nov. 15, 1951.*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE *Maryland* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) *2034 Madison Ave* C. CITY OR TOWN *Baltimore* (If outside corporate limits, write RURAL and give township)

D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____ E. STREET ADDRESS (If rural, give location) *2034 Madison Ave 14-03*

5. SEX *Female* 6. COLOR OR RACE *C* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *widow* 8. DATE OF BIRTH *Feb. 1, 1891* 9. AGE (in years, last birthday) *60* 10. UNDER 1 YEAR Months: _____ Days: _____ 11. UNDER 24 HOURS Hours: _____ Min: _____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Charwoman.* 10B. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) *Talbert County Md.* 12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *James Dobson.* 14. MOTHER'S MAIDEN NAME *Laura Perkins.*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *No* (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. _____ 17. INFORMANT *Lilli Miller.* ADDRESS *2034 Madison Ave*

18. *442X and 260X* CAUSE OF DEATH (A) *hypertensive cardio-renal disease (uremia)* INTERVAL BETWEEN ONSET AND DEATH *7 years*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. *diabetes mellitus*

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *1/6* 19*51*, to *11/15* 19*51*, that I last saw the deceased alive on *11/15* 19*51*, and that death occurred at *5:55 pm.*, from the causes and on the date stated above.

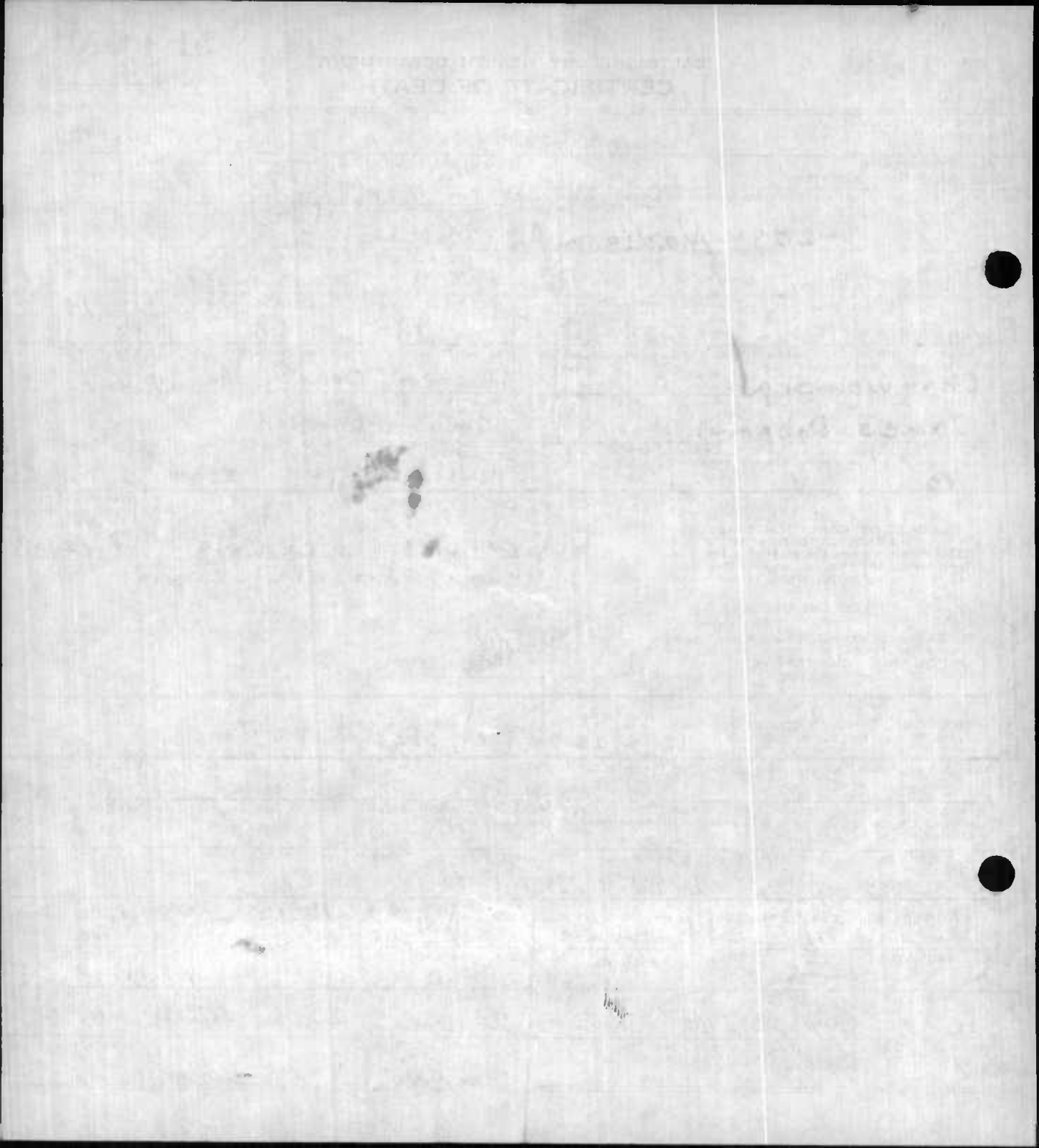
23A. SIGNATURE *[Signature]* 23B. ADDRESS *1500 EAST BROWNE M.D. BALTIMORE, MD.* 23C. DATE SIGNED *11.19.51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *Nov. 20, 1951* 24C. NAME OF CEMETERY OR CREMATORY *Int. Calvary* 24D. LOCATION (City, town, or county) (State) *Cedar Hill, Md.*

DATE RECEIVED BY LOCAL REGISTRAR *NOV 20 1951* REGISTRAR'S SIGNATURE *[Signature]* 25. FUNERAL DIRECTOR *Mrs. Kate R. Williams* ADDRESS *3227 Schenck St.*

VS 150 7208A 000 61

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 12-11-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10021

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) AUBREY HEARN		2. DATE OF DEATH November 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1316 Myrtel Avenue		E. DATE OF BIRTH 8-30-1911	
F. LENGTH OF STAY IN BALTIMORE _____		G. AGE (In years last birthday) 40	
H. SEX Male		I. COLOR OR RACE Colored	
J. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		K. UNDER 1 YEAR: Months _____ Days _____	
L. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		M. UNDER 24 HOURS: Hours _____ Min. _____	
N. KIND OF BUSINESS OR INDUSTRY _____		O. BIRTHPLACE (State or foreign country) Pensacola Florida	
P. CITIZEN OF WHAT COUNTRY? _____		Q. MOTHER'S MAIDEN NAME Mamie Hearn	
R. FATHER'S NAME George Hearn		S. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____	
T. SOCIAL SECURITY NO. _____		U. INFORMANT ADDRESS Pence Morris Pensacola Florida	

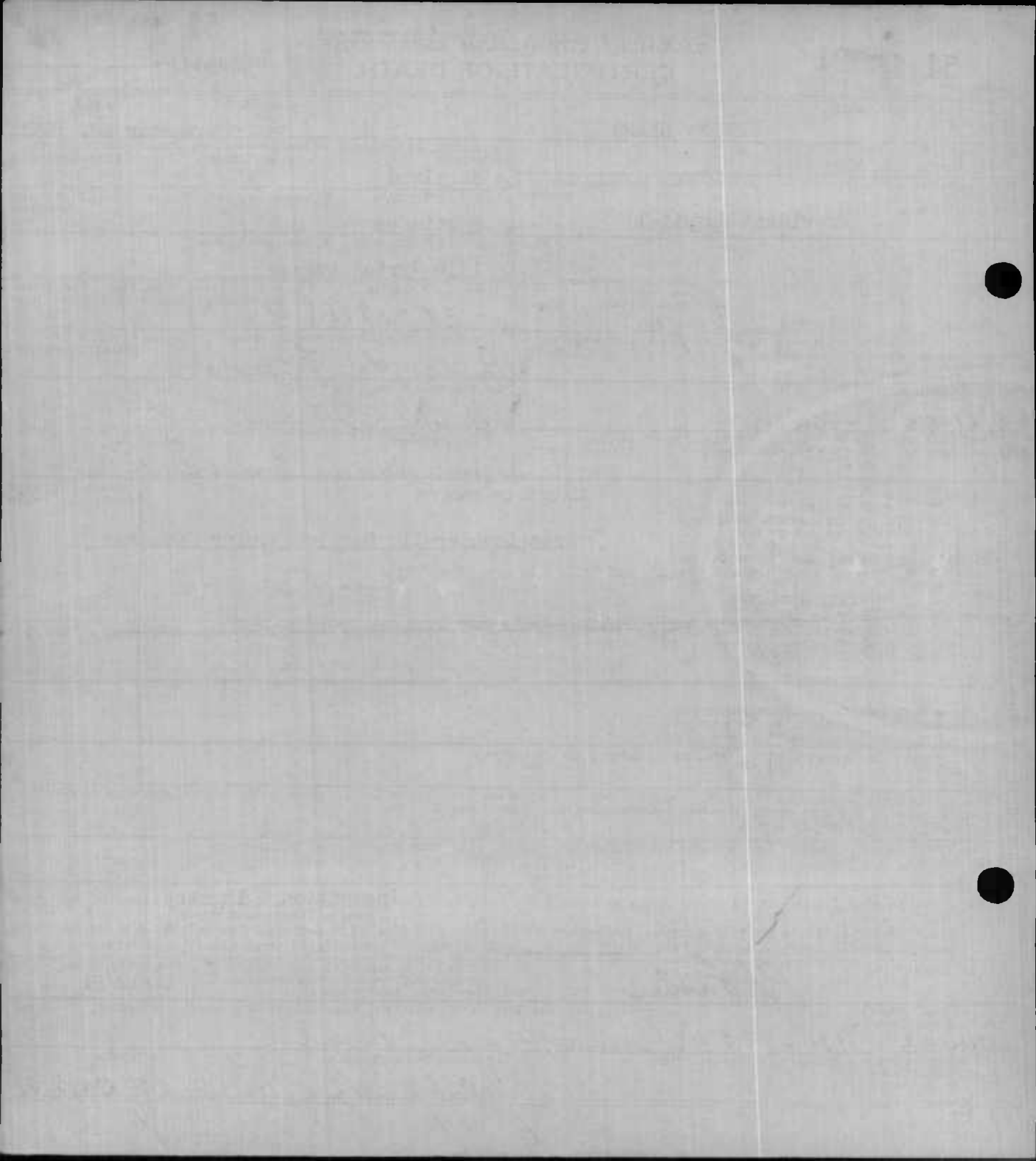
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		INTERVAL BETWEEN ONSET AND DEATH _____	
--	--	--	--

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R.B. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/12/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-21-51		24C. NAME OF CEMETERY OR CREMATORY Pensacola Florida	
24D. LOCATION (City, town, or county) _____		24E. FUNERAL DIRECTOR Joseph A. Lively		24F. ADDRESS 66 N. B. Lane	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951		REGISTRAR'S SIGNATURE _____		25. _____	

937 ✓



51 10022
REA-153382CERTIFICATE CORRECTED 1/22/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10022
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Terry		2. DATE OF DEATH Nov. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 210 Bridgeview Street		E. 200	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 11, 1886
9. AGE (In years last birthday) 65		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Solano		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Emmett Terry		14. MOTHER'S MAIDEN NAME Lavenia ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-01-9787	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	

18. I 180X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple lung abscesses and sub-hepatic Carcinoma of Stomach abscess formation 1 yr.	INTERVAL BETWEEN ONSET AND DEATH 1 yr.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Perforated gastric ulcer Hypernephroma, left kidney, chronic cystitis	(over)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Metastasis	1 Yr.

19A. DATE OF OPERATION Sept. 1, 1951	19B. MAJOR FINDINGS OF OPERATION Dislocated Hip	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10-24 1951, to 11-18 1951, that I last saw the deceased alive on 11-18 1951, and that death occurred at 3:20 p. m., from the causes and on the date stated above.		
23A. SIGNATURE P. L. Boyan M. D.	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 11-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE November 25, 1951	24C. NAME OF CEMETERY OR CREMATORY Henderson North Carolina Vance County NC	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Joseph A. Lively	ADDRESS 661 N. Bond St

See Document File 51- 10022

1/22/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10023
Registered No. _____

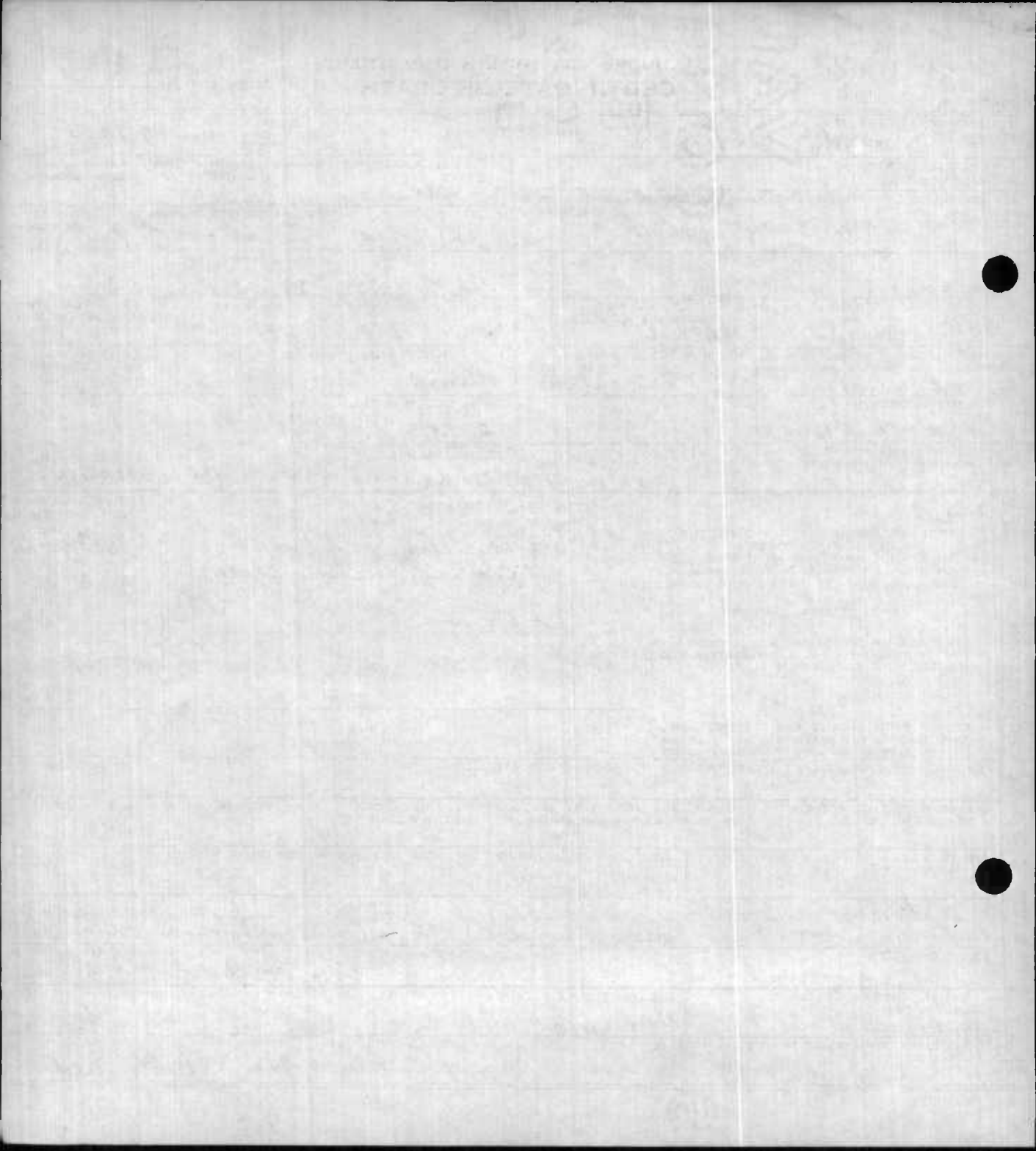
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HARRY E. BROWN		2. DATE OF DEATH Nov 19, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 416 W. SARATOGA ST		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 4-01	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 416 W. SARATOGA ST	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 17, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DESIGNER + CUTTER		10b. KIND OF BUSINESS OR INDUSTRY Mfg. Mens clothing	9. AGE (In years last birthday) 71
13. FATHER'S NAME John M. BROWN		11. BIRTHPLACE (State or foreign country) PENNA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. 212-12-7168		17. INFORMANT ADDRESS MRS. AGNES V. BROWN 416 W. SARATOGA ST.	

18. 591X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Paratyphoid Nephritis and Chronic dilation (chronic) DUE TO _____ (B) Uncertain DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.(3)

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 , to Nov 19, 1951 , that I last saw the deceased alive on Nov 18, 1951 , and that death occurred at 8:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. S. K. Hayward M. O. _____		23B. ADDRESS 3 E. Eager & Balto		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-23-51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem	
24D. LOCATION (City, town, or county) BALTO		24E. STATE MD.			
DATE RECEIVED BY LOCAL REGISTRAR OV 2 01951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS Wm. J. Iickner & Sons Balto Md.	

MEDICAL CERTIFICATION



260
Med Ex
Case 51 10024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

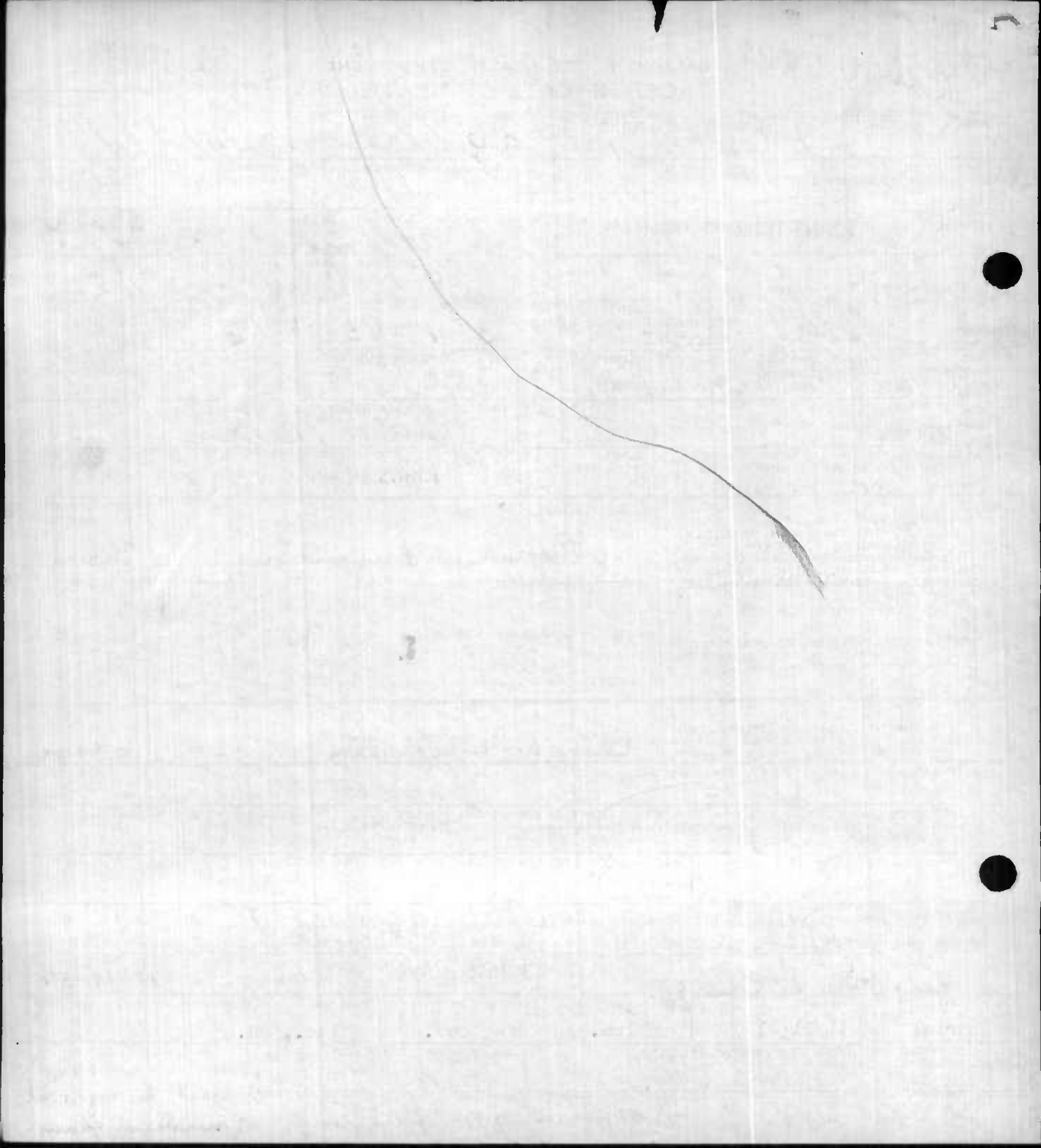
51 10024
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Christopher Raymond Maguire</i>		2. DATE OF DEATH <i>Nov. 19, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-47</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2956 Clifton Ave</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3-1-95</i>	9. AGE (In years last birthday) <i>56</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Antique Dealer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Antiques</i>		
13. FATHER'S NAME <i>Francis</i>			14. MOTHER'S MAIDEN NAME <i>Rose Miller</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes World War II</i>			16. SOCIAL SECURITY NO.		
			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Bromide intoxication</i>	(A) DUE TO (B) DUE TO (C) DUE TO	CERTIFICATION APPROVED BY <i>Stanley H. Dineen</i> M.D. CHIEF OF POST-MORTEM MEDICAL EXAMINER.

19A. DATE OF OPERATION <i>21</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTO PSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/17</i> , 19 <i>51</i> , to <i>11/19</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11/19</i> , 19 <i>51</i> , and that death occurred at <i>8:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leighton E. Cluff</i>		23B. ADDRESS JOHNS HOPKINS HOSPITAL M. D.		23C. DATE SIGNED <i>11-19-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/21/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Balto. National Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 20 1951</i>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS <i>Wm. J. Pickner & Sons</i>	

VS 150
Released to hospital for postmortem of medical exam.



-140
51 10025

51 10025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine MARY Seibel

2. DATE
OF
DEATH

Jan. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE *Md* B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 16-06

D. STREET ADDRESS (If rural, give location)

1002 Dukeland Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3-28-97

9. AGE (In years
last birthday)

54

If Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Kentucky

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Clark

14. MOTHER'S MAIDEN NAME

Catherine Bradman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

✓

18. *260X and 002X*
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) *Probable Acute Myocardial Infarction*

30 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) *Diabetes mellitus*

3 1/2 yr.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary tuberculosis

3 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from *9/13* 19*51*, to *11/19* 19*51*, that I last saw the
deceased alive on *11/19* 19*51*, and that death occurred at *6:15* P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Franklin Williams, M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Nov. 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/23/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

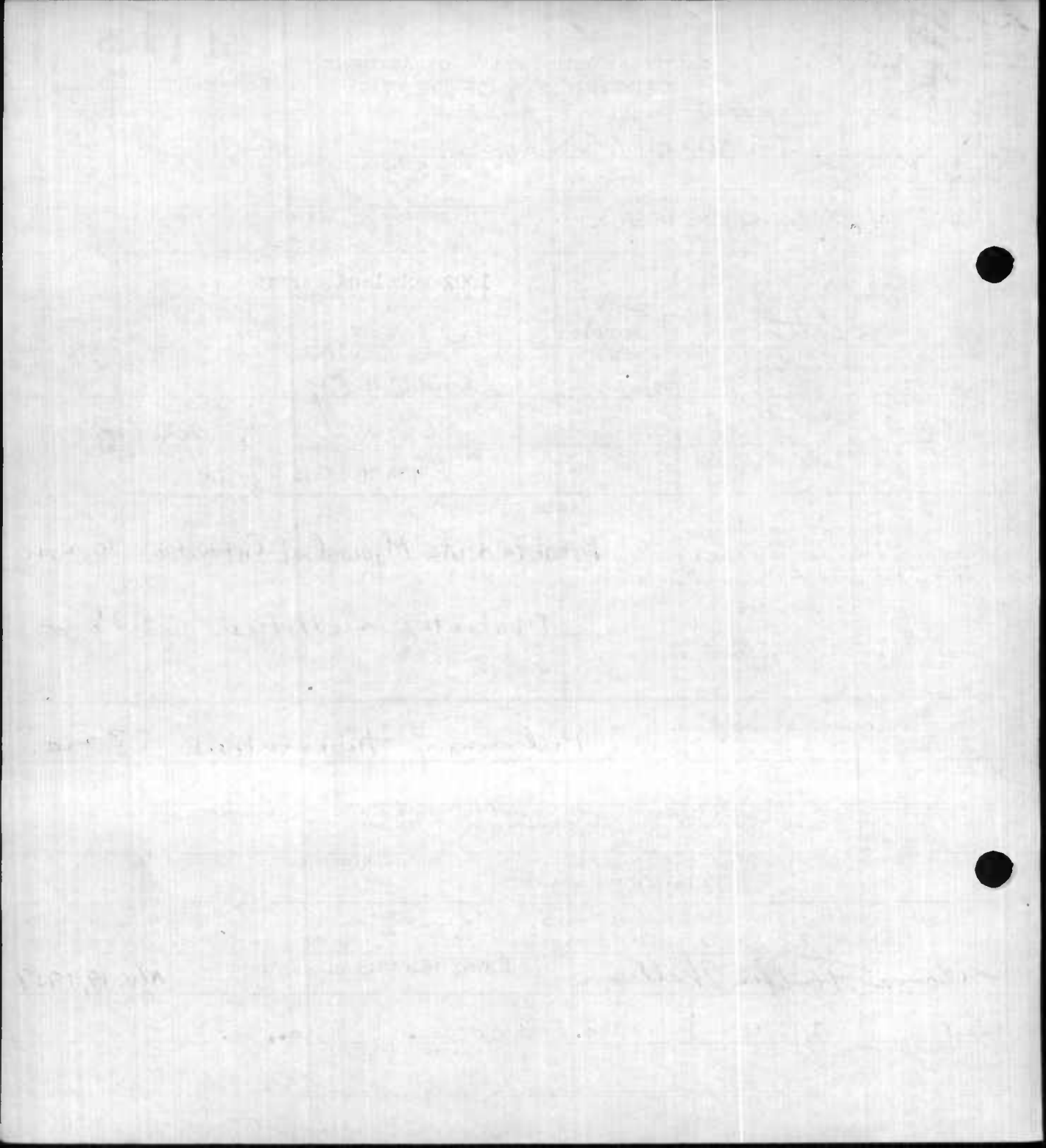
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickner & Sons

130 Balto., Md.



S-362
51 10026BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10026

Registered No.

BIRTH NO.

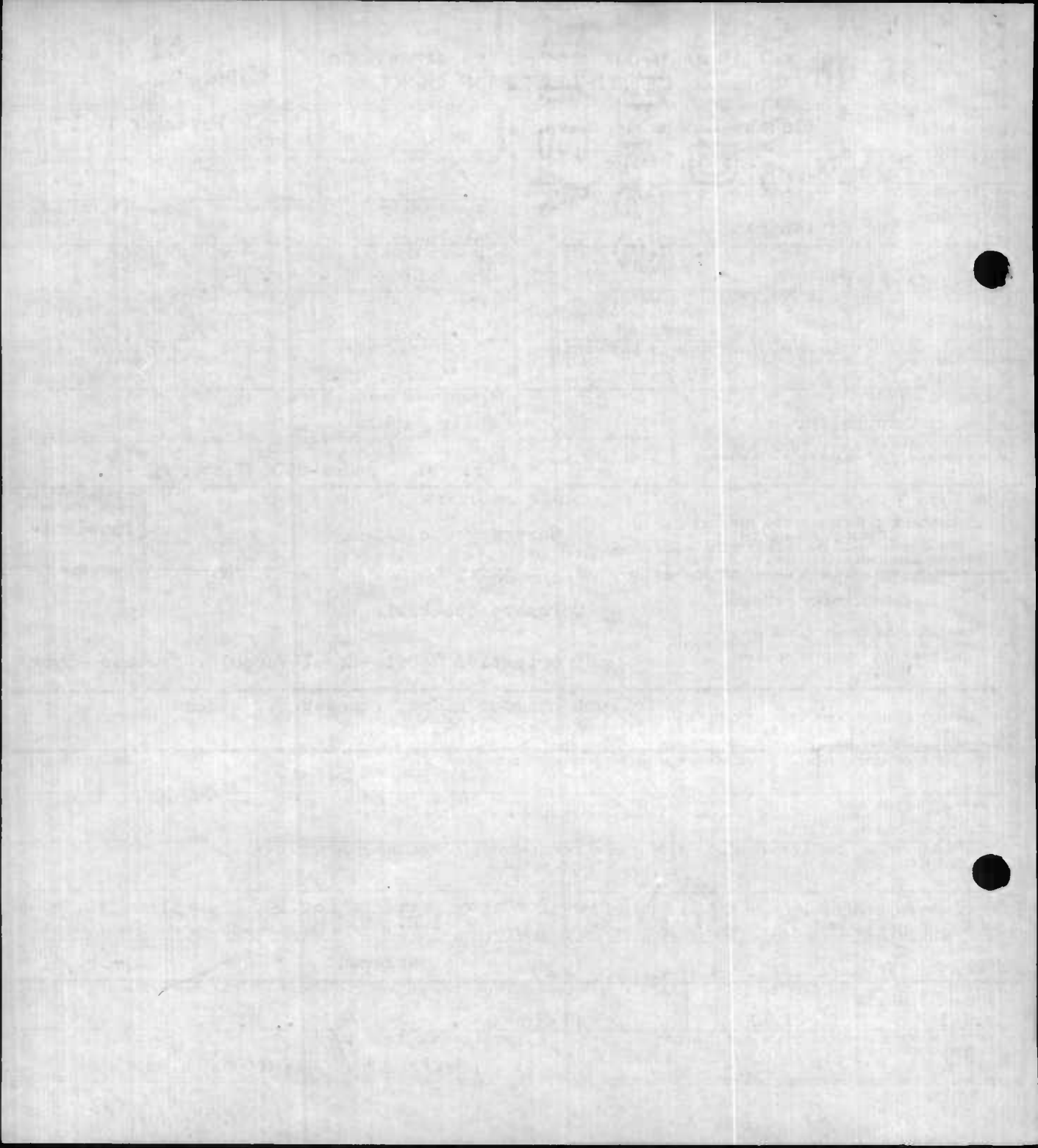
1. NAME OF DECEASED (Type or Print) Blanche Laupheimer Strouse			2. DATE OF DEATH November 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) The Esplanade			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) The Esplanade - Apt. 5-C		
5. SEX female			6. COLOR OR RACE white		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH Oct. 4, 1883		
9. AGE (in years last birthday) 68			10. If Under 1 Year: Months: Days: Hours: Min.		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Henry Laupheimer			14. MOTHER'S MAIDEN NAME Julia Saphra		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. Ben Strouse-6805 Westbrook Rd.			ADDRESS		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion (A) DUE TO Coronary Sclerosis (B) DUE TO Hypertensive Cardio-Renal-Vascular disease 5yrs (C)		INTERVAL BETWEEN ONSET AND DEATH immediate
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Patient had one kidney removed for stones 10 years ago (1941)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from for many years to Nov. 19, 1951 that I last saw the deceased alive on Nov 19, 1951 and that death occurred at 1 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS The Esplanade		23C. DATE SIGNED Nov. 19, 51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/21/51		24C. NAME OF CEMETERY OR CREMATORY Oheb Shalom Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature]		ADDRESS [Address]	

131a Balto 17 Md.



P-360
51 10027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10027
Registered No.

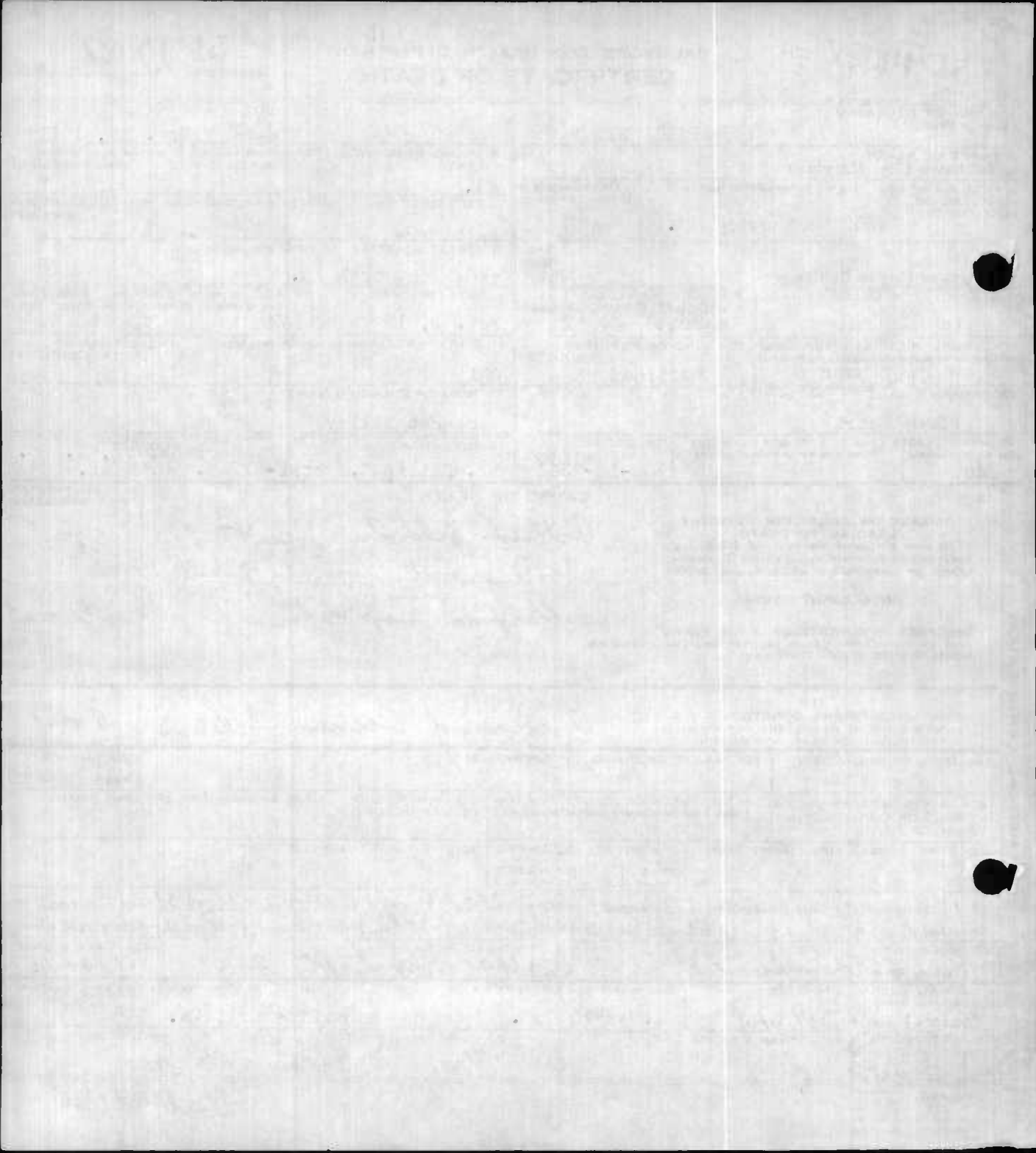
BIRTH NO.

1. NAME OF DECEASED (Type or Print) PHILIP PETRI			2. DATE OF DEATH Nov. 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4507 Wentworth Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) 4507 Wentworth Rd.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 5, 1877	9. AGE (In years last birthday) 74	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Engineer			10B. KIND OF BUSINESS OR INDUSTRY Railroad		
11. BIRTHPLACE (State or foreign country) Ohio			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William Petri			14. MOTHER'S MAIDEN NAME Margaret Miller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 705-12-2344		
17. INFORMANT Mr. Philip G. Petri			ADDRESS Martinsburg, W. Va. 527 W. Burke St.		

18. 4/20.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior-Sclerotic Heart			INTERVAL BETWEEN ONSET AND DEATH 5 yrs.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Nephritis			2 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized Arterio-Sclerosis			5 yrs.		
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April - 22, 1948 , to Nov. 19, 1951 , that I last saw the deceased alive on Nov. 19, 1951 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Earl L. Chambers			23B. ADDRESS 4108 Liberty Hts. Ave.		23C. DATE SIGNED 11/20/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/20/51		24C. NAME OF CEMETERY OR CREMATORY Rosedale Cem.	
24D. LOCATION (City, town, or county) Martinsburg, Va.		24E. FUNERAL DIRECTOR Dr. M. J. Tuckner & Sons		24F. ADDRESS	
25. DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		26. ADDRESS	

049 50 0 0 1 3

Balto Md.
121a



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51 10028

51 10028

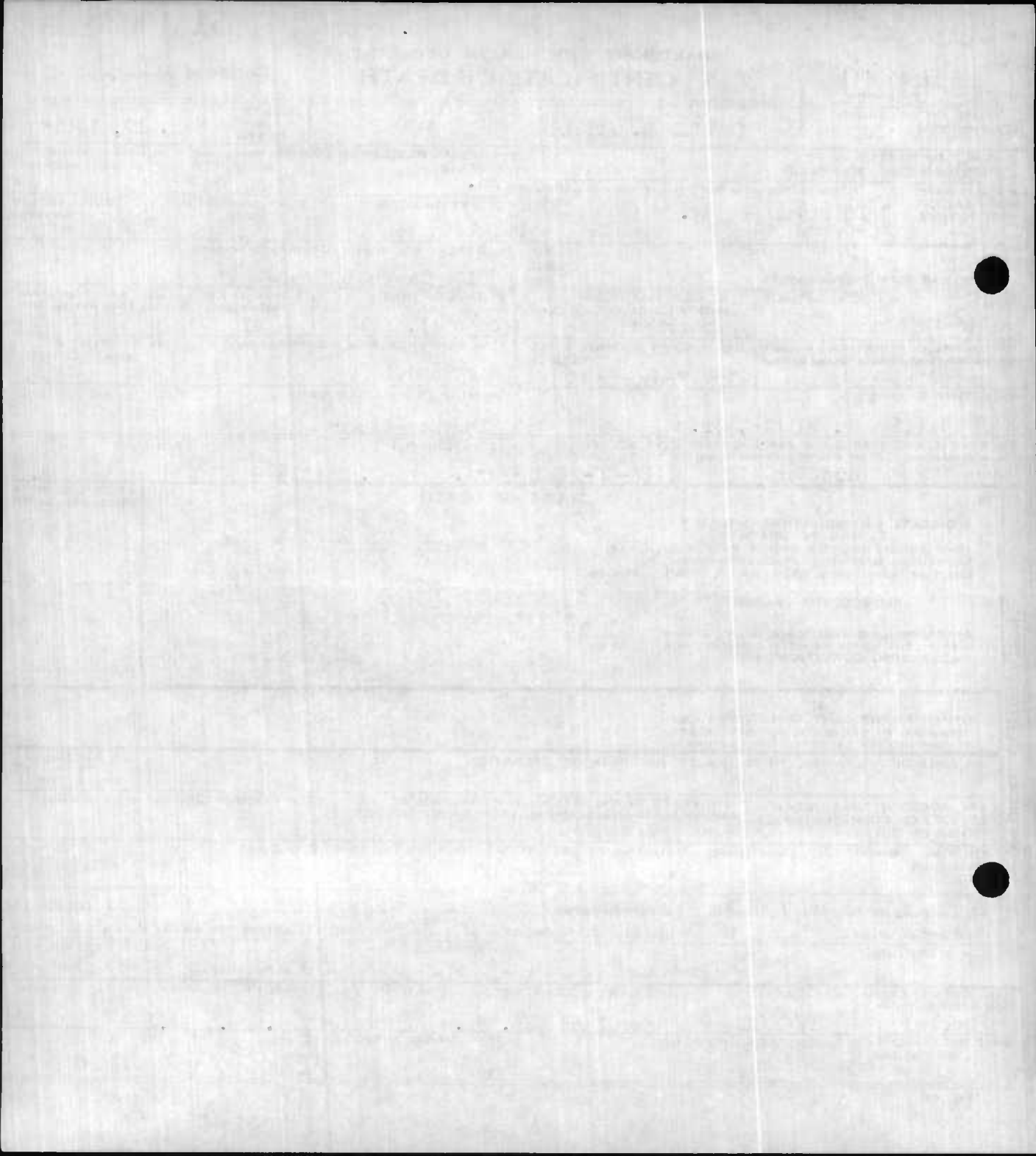
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) WILLIAM R. ZITTLE		2. DATE OF DEATH Nov. 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 8610 Black Oak Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 8610 Black Oak Road		5. LENGTH OF stay in Baltimore	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 11, 1910
9. AGE (In years last birthday) 41		10. UNDER 1 Year Months: Days: 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Dairy Products	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William R. Zittle, Sr.		14. MOTHER'S MAIDEN NAME Florence Chaur	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 215-09-2413	
17. INFORMANT Mrs. Anna M. Zittle - 8610 Black Oak Rd.		ADDRESS	
18. 4201 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary artery occlusion DUE TO (B) Coronary artery thrombosis DUE TO (C) Angina pectoris INTERVAL BETWEEN ONSET AND DEATH 2 wks			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/1/51, 1951 , to 11/19, 1951 , that I last saw the deceased alive on 11/19, 1951 , and that death occurred at 4:20 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Edgar Brown		23B. ADDRESS 8513 Oak Road	
23C. DATE SIGNED 11/20/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/21/51	
24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Pk.		24D. LOCATION (City, town, or county) (State) Balto. Co., Md.	
25. FUNERAL DIRECTOR Wm. J. Dickener & Sons		ADDRESS	

49068

Balto Md.
94a

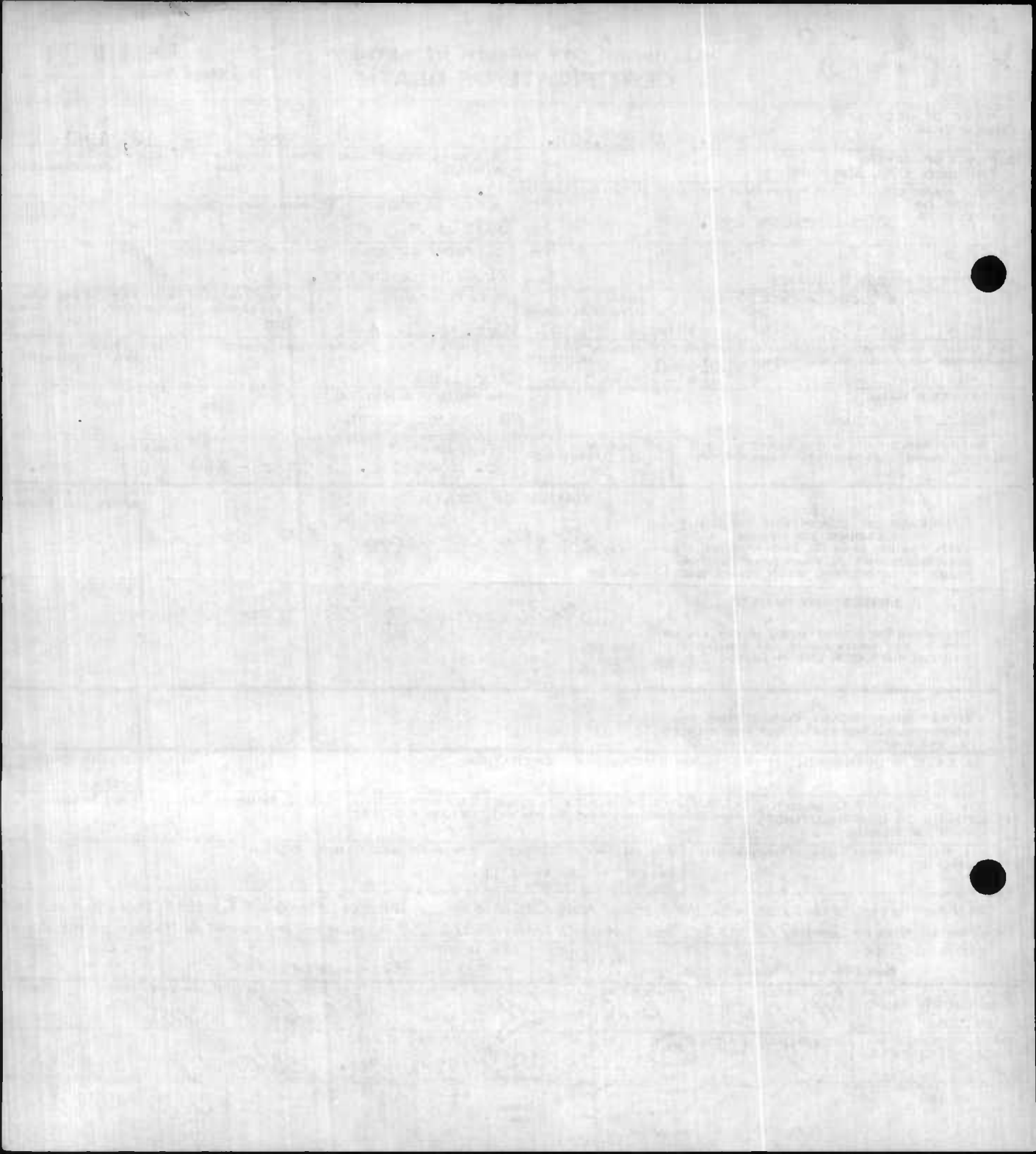


W-236
51 19029BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 19029
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH Nov 19, 1951	
		JOHN A. WACHTER, SR.			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2508 Hermosa Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-03			
D. STREET ADDRESS (If rural, give location) 2508 Hermosa Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 3, 1884	9. AGE (In years last birthday) 67	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) president		10B. KIND OF BUSINESS OR INDUSTRY wholesale Plumbing Supplies		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles Wachter		14. MOTHER'S MAIDEN NAME Margaret Hanna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. Howard L. Wachter - 2508 Hermosa Ave.	
18. 42001 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ACUTE CORONARY OCCLUSION DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROTIC HEART DIS. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH ACUTE CORONARY OCCLUSION ARTERIOSCLEROTIC HEART DIS.		INTERVAL BETWEEN ONSET AND DEATH 1 day 1 mo.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 20, 1951, to Nov. 19, 1951, that I last saw the deceased alive on Nov 15, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Henry Sawyer		23B. ADDRESS 4808 Harford Rd.		23C. DATE SIGNED 11/20/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-21-51		24C. NAME OF CEMETERY OR CREMATORY Parkwood cem	
24D. LOCATION (City, town, or county) Baltimore Md		24E. REGISTRAR'S SIGNATURE H. Sawyer		24F. FUNERAL DIRECTOR Thos. J. Vickers & Sons	
24G. DATE RECEIVED BY LOCAL REGISTRAR Nov 20 1951		24H. REGISTRAR'S SIGNATURE		24I. ADDRESS Baltimore Md.	

29064

Baltimore Md.
937

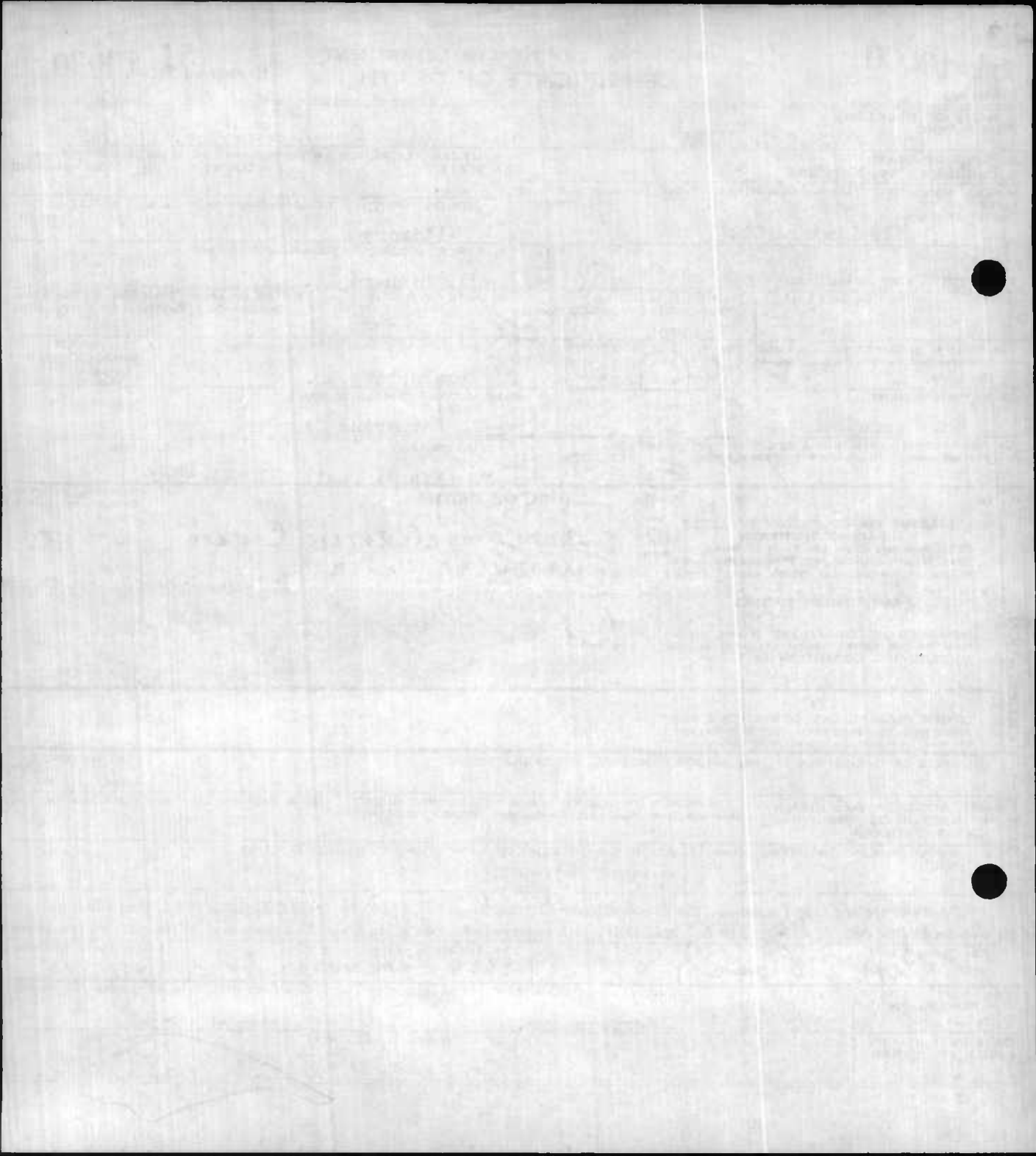


H-500
51 10030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10030

BIRTH NO.		1. NAME OF DECEASED (Type or Print) GEORGE S. HANNA		2. DATE OF DEATH Nov. 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 719 Linnard St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-08			
D. STREET ADDRESS (If rural, give location) 719 Linnard St.		E. LENGTH of stay in Baltimore Yrs. Mos. Days			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 15, 1868	9. AGE (in years last birthday) 83	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10B. KIND OF BUSINESS OR INDUSTRY Dept. Stores		11. BIRTHPLACE (State or foreign country) New Market, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Wm. Hanna		14. MOTHER'S MAIDEN NAME Katherine Crawford	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Eva E. Basil 719 Linnard St.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) ARTERIOSCLEROTIC Cardio Vascular Disease DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 5+ yrs			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March , 1950, to 11/17 , 1951, that I last saw the deceased alive on 11/16 , 1951, and that death occurred at 5 1/2 m., from the causes and on the date stated above.					
23A. SIGNATURE Thos E O'Quinn		23B. ADDRESS 3629 Edmondson Ave		23C. DATE SIGNED 11/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/20/51		24C. NAME OF CEMETERY OR CREMATORY Western Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Wm. J. Tucker & Sons Inc		ADDRESS Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR OV 2 01951		REGISTRAR'S SIGNATURE Thos E O'Quinn			



236
51 19031BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 19031
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary E. Chester		2. DATE OF DEATH Nov. 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1206 Myrtle Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-03	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1206 Myrtle Ave.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 5, 1869
9. AGE (In years last birthday) 82		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Eura Key		14. MOTHER'S MAIDEN NAME Aline Gooden	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Viola Branch		ADDRESS 1206 Myrtle Ave.	

18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac. Vascular and Pulmonary DUE TO Pulmonary Edema DUE TO Serious	CAUSE OF DEATH Cardiac. Vascular and Pulmonary Pulmonary Edema Serious	INTERVAL BETWEEN ONSET AND DEATH 2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-16-51 , to 11-16-51 , 19 51 , that I last saw the deceased alive on 11-16 , 19 51 , and that death occurred at 6:00 m., from the causes and on the date stated above.					
23A. SIGNATURE Charles J. Wadsworth		23B. ADDRESS 861 W. 11th St. Baltimore, Md.		23C. DATE SIGNED 11-19-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-21-1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Mr. Lawrence A. Humphrey		24F. ADDRESS 578 W. Biddle St.	

THE
VALLEY
CONGRESS
BOND

V-650
51 10032BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10032
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT A. WARREN

2. DATE
OF
DEATH

Nov. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1537 RALWORTH ROAD

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

1537 RALWORTH RD. 7-02

Length of stay in Baltimore

34 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 13, 1898

9. AGE (in years
last birthday)

53

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INVESTMENT BANKER

10B. KIND OF BUSINESS OR
INDUSTRY

BANKING

11. BIRTHPLACE (State or foreign country)

FLORIDA

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

ALBERT E. WARREN

14. MOTHER'S MAIDEN NAME

GRACE MUNOZ

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-03-5522

17. INFORMANT

MAE E. WARREN

ADDRESS

SAME

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Arteriosclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 hour

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Nov 1, 1951, to Nov 19, 1951, that I last saw the
deceased alive on Nov 19, 1951, and that death occurred at 4:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL

NOV. 19, 1951

GREENMOUNT CEM.

BALTO.

MD.

NOV 20 1951

VS 150

H.W. JENKINS & SONS Co. 4905 YORK RD

29071

94a

DR. J. SCOTT
8 LONGWOOD RD

K-620
51 10033

51 10033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

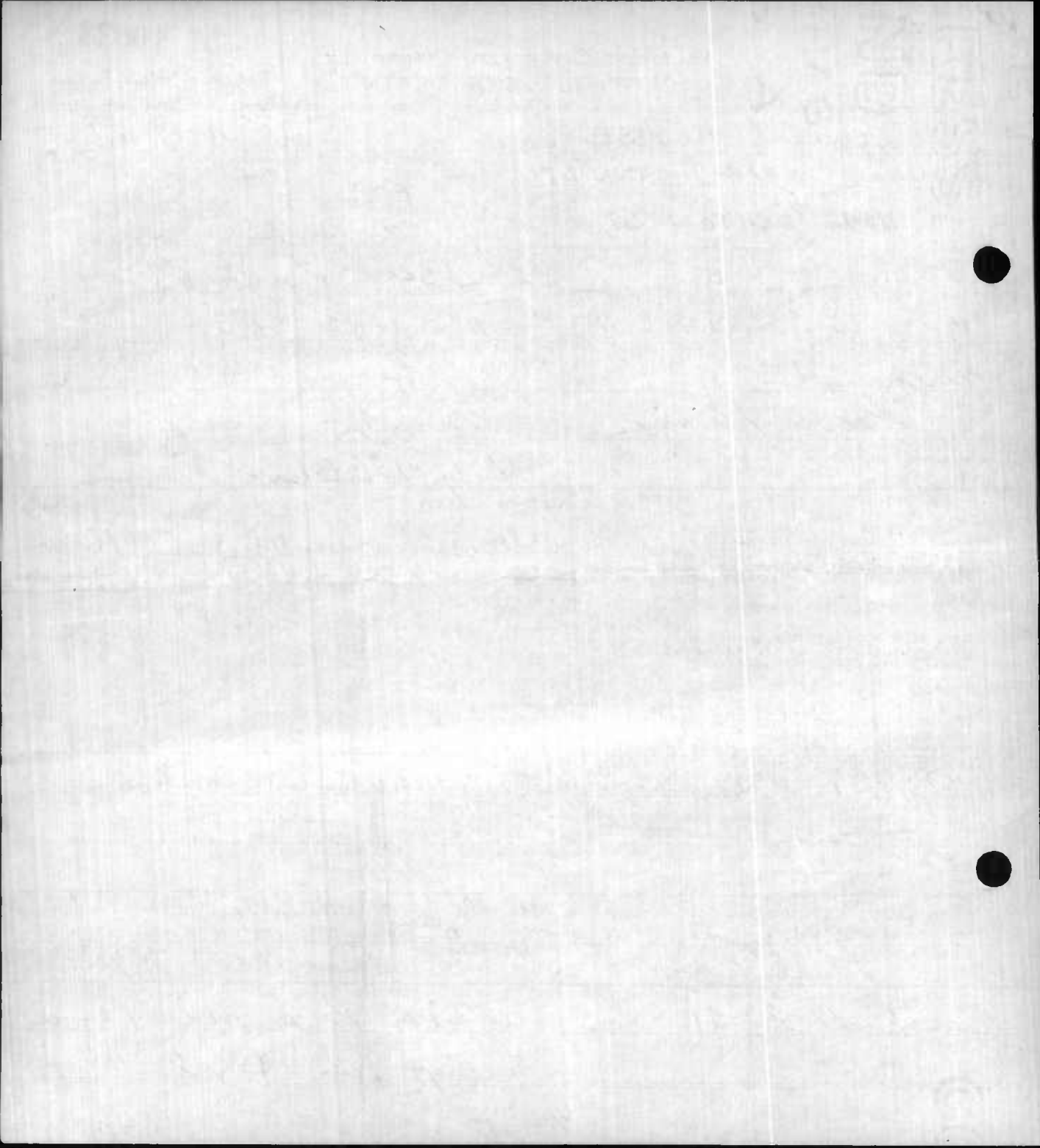
1. NAME OF DECEASED (Type or Print) LEWIS L. KROUSE, Sr			2. DATE OF DEATH 11-19-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4242 PARKTON ST.			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Pa - B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4242 PARKTON ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - ma 25-31		
C. Length of stay in Baltimore 5 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4242 Parkton St		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-24-82		9. AGE (In years - last birthday) 68 69
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanics -		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Penn -	
13. FATHER'S NAME Geo. Krouse			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Cecily McAtellan - son			ADDRESS		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Adenocarcinoma of Rectum DUE TO	CAUSE OF DEATH Adenocarcinoma of Rectum DUE TO	INTERVAL BETWEEN ONSET AND DEATH 16 mos.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
(B)		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION JAN 31, 1951	19B. MAJOR FINDINGS OF OPERATION carcinoma of rectum, abdominal metastases, fistula between ileum & rectum	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951 , to Nov 19, 1951 , that I last saw the deceased alive on Nov 19, 1951 , and that death occurred at 6:50 P.m. , from the causes and on the date stated above.		
23A. SIGNATURE Pearl Pass	23B. ADDRESS 4001 Wilkens Ave	23C. DATE SIGNED 11-19-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-23-51	24C. NAME OF CEMETERY OR CREMATORY Layfayette Mem.	24D. LOCATION (City, town, or county) (State) Brier Hill - Penna
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Lilly & Zehn + 423 S. 1st St.	ADDRESS



M-524
51 10034

51+10034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELIZABETH MENCKE			2. DATE OF DEATH 11-19-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto -			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - md - 6-12		
C. Length of stay in Baltimore Life - Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 419 N. Belmond Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-25-79	9. AGE (in years last birthday) 72	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Henry Menckel			14. MOTHER'S MAIDEN NAME Cornie ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Catherine Winterling - same		

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MASSIVE Pulmonary Embolus DUE TO Either - Intramural Thrombus & Auricular Fibrillation OR Phlebotrombosis iliac veins ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic CVD OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Poss. Diverticulitis	CAUSE OF DEATH MASSIVE Pulmonary Embolus Either - Intramural Thrombus & Auricular Fibrillation OR Phlebotrombosis iliac veins Arteriosclerotic CVD Poss. Diverticulitis	INTERVAL BETWEEN ONSET AND DEATH instantaneous
--	---	--

19A. DATE OF OPERATION November 6-51	19B. MAJOR FINDINGS OF OPERATION Bilateral venous ligation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 27**, 19**51**, to **11-19**, 19**51** that I last saw the deceased alive on **11-17**, 19**51**, and that death occurred at **8:20** Am., from the causes and on the date stated above.

23A. SIGNATURE Joseph Deekelbaum M. D.	23B. ADDRESS Sinai Hosp	23C. DATE SIGNED 11-19-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-23-51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Balto - md
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951	REGISTRAR'S SIGNATURE William J. Hill	25. FUNERAL DIRECTOR Sully & Zeln - 403 S. Wolfe St.	ADDRESS

24



C-460
51 10035

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10035

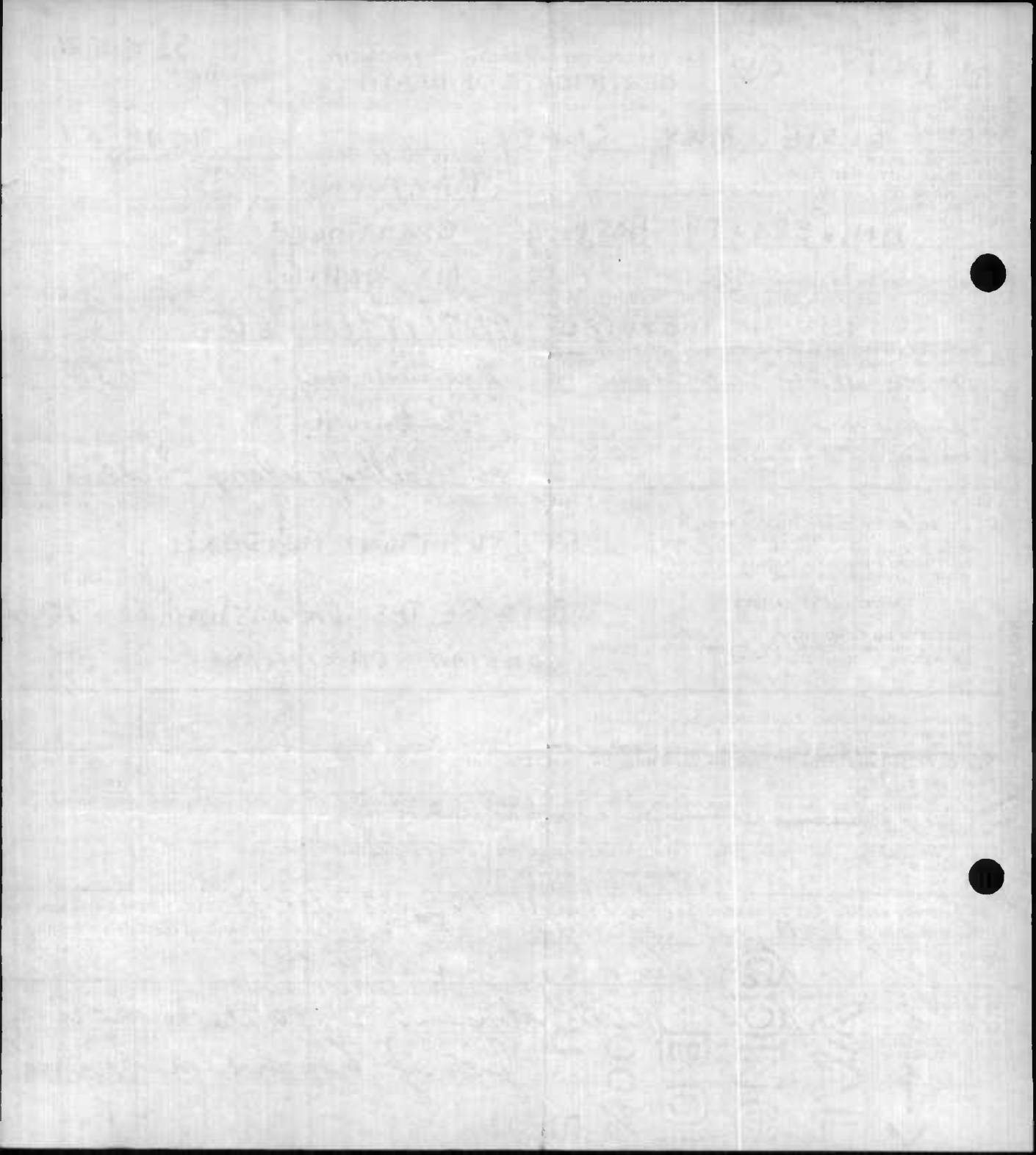
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELSIE MAY CLARY-			2. DATE OF DEATH 11-19-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1113 Hollins St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	B. DATE OF BIRTH 9/17/1891	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10B. KIND OF BUSINESS OR INDUSTRY at Home	11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Mr Walter J. Clary 7131 Hollins ST.		

18. 260 X and 175 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) STARVATION ACIDOSIS	CAUSE OF DEATH (A) STARVATION ACIDOSIS DUE TO (B) DIA BETES MELLITUS - 15 yrs DUE TO (C) OVARIAN CARCINOMA.	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION NONE		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-17-1951 to 11-19-1951 , that I last saw the deceased alive on 11-19-1951 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE John J. Bowman		23B. ADDRESS Charmant Hospital		23C. DATE SIGNED 11/20/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/22/51		24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem.	
24D. LOCATION (City, town, or county) 2930 Frederick Ave		24E. STATE BALTIMORE		25. FUNERAL DIRECTOR John J. Bowman & Son	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		ADDRESS 7131 Hollins St.	



51 10036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10036
Registered No.BIRTH NO. K-500

1. NAME OF DECEASED (Type or Print) MARK Keeney		2. DATE OF DEATH Nov. 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-13	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 826 N. Eutaw Place	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH 5/5/01
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		12. AGE (In years last birthday) 50	
13. KIND OF BUSINESS OR INDUSTRY Automobile		14. CITIZEN OF WHAT COUNTRY? U.S.	
15. FATHER'S NAME Unkown		16. MOTHER'S MAIDEN NAME Unknown	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		18. SOCIAL SECURITY NO.	
19. ADDRESS 826 N. Eutaw Place		20. INFORMANT Mabel Keeney	

18. **E973.21**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Asphyxia
DUE TO **carbon monoxide poisoning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

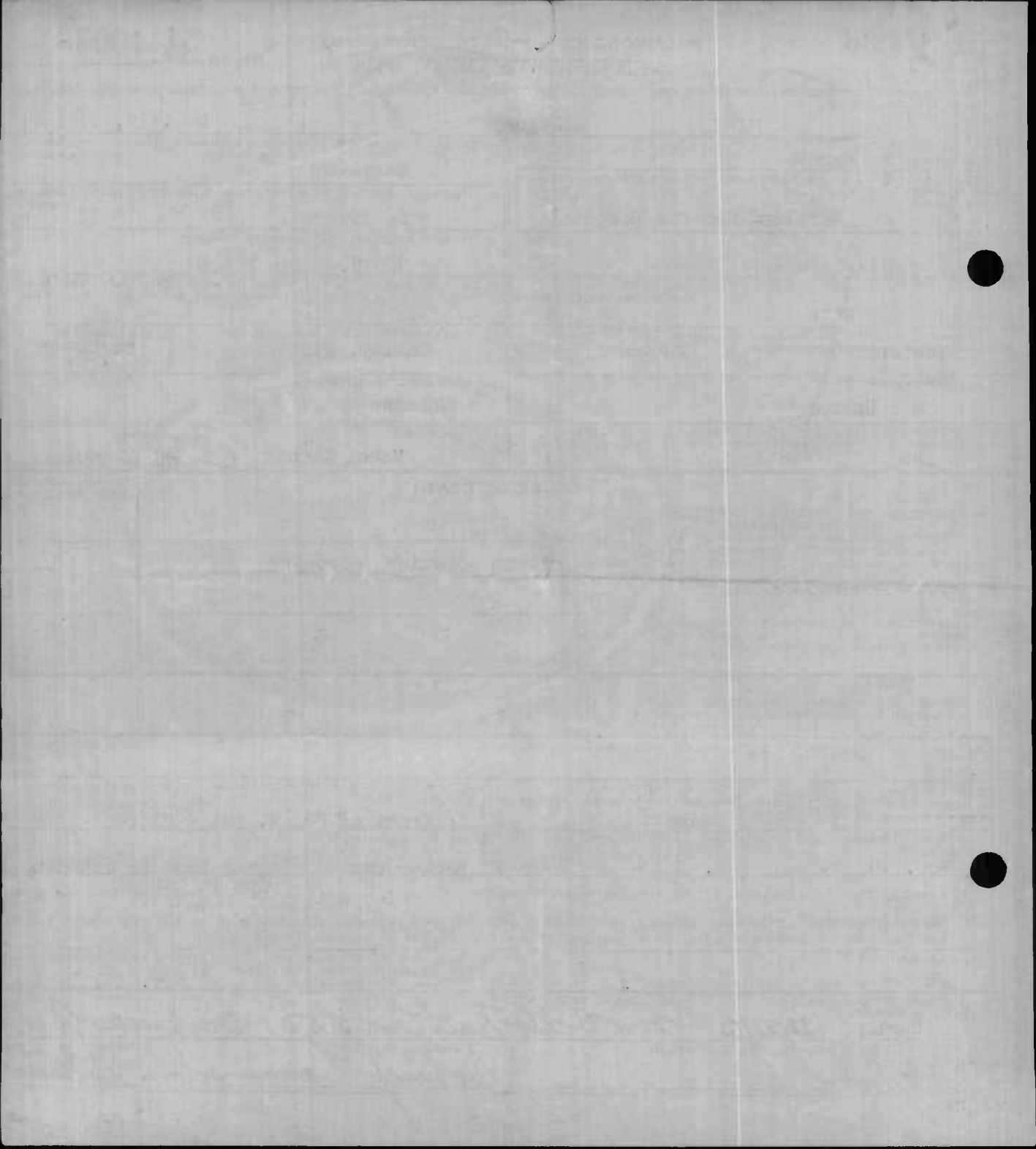
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) In front of 824 N. Eutaw Place
21D. TIME (Month) (Day) (Year) OF INJURY Nov. 19, 1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Hooked vacuum cleaner hose to exhaust

22. I certify that I took charge of the remains described above, held an inspection & inquiry thercon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley K. Decker</i> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED Nov. 19, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/21/51	24C. NAME OF CEMETERY OR CREMATORY New Balto Natl Cem	24D. LOCATION (City, town, or county) (State) 5301 Frederick Ave
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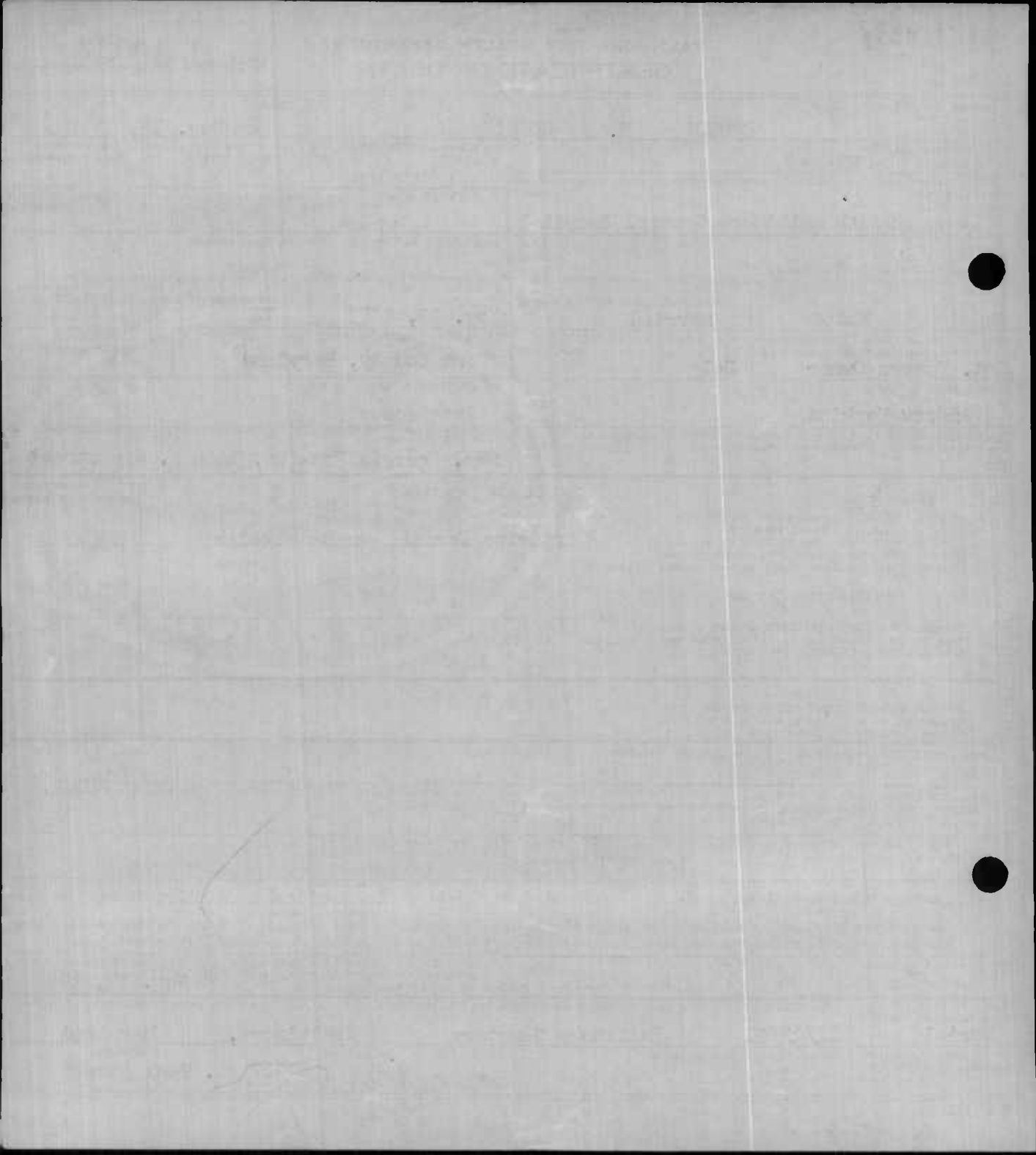
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951	REGISTRAR'S SIGNATURE <i>John J. Cowan</i>	25. FUNERAL DIRECTOR <i>John J. Cowan</i>	ADDRESS <i>163M</i>
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51 10037
125
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10037

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GEORGE R. HOPKINS		Nov. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
South Baltimore General Hospital		Baltimore 8-07	
D. STREET ADDRESS (If rural, give location)		1446 N. Gay Street	
5. SEX		6. COLOR OR RACE	
Male		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
married		Nov. 17, 1879	
9. AGE (In years last birthday)		10. UNDER 1 Year Months: Days	
72			
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Kent County, Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Andrew Hopkins		Anna Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no			
17. INFORMANT		ADDRESS	
Mrs. Georgia Hopkins, 1446 N. Gay Street			
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
Stanley H. Dineen		Nov. 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
burial		11/23/51	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Baltimore Cemetery		Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
NOV 20 1951		Hm. Galt, Inc. 1217 St. Paul Street	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 19038

BIRTH NO. 51 19038

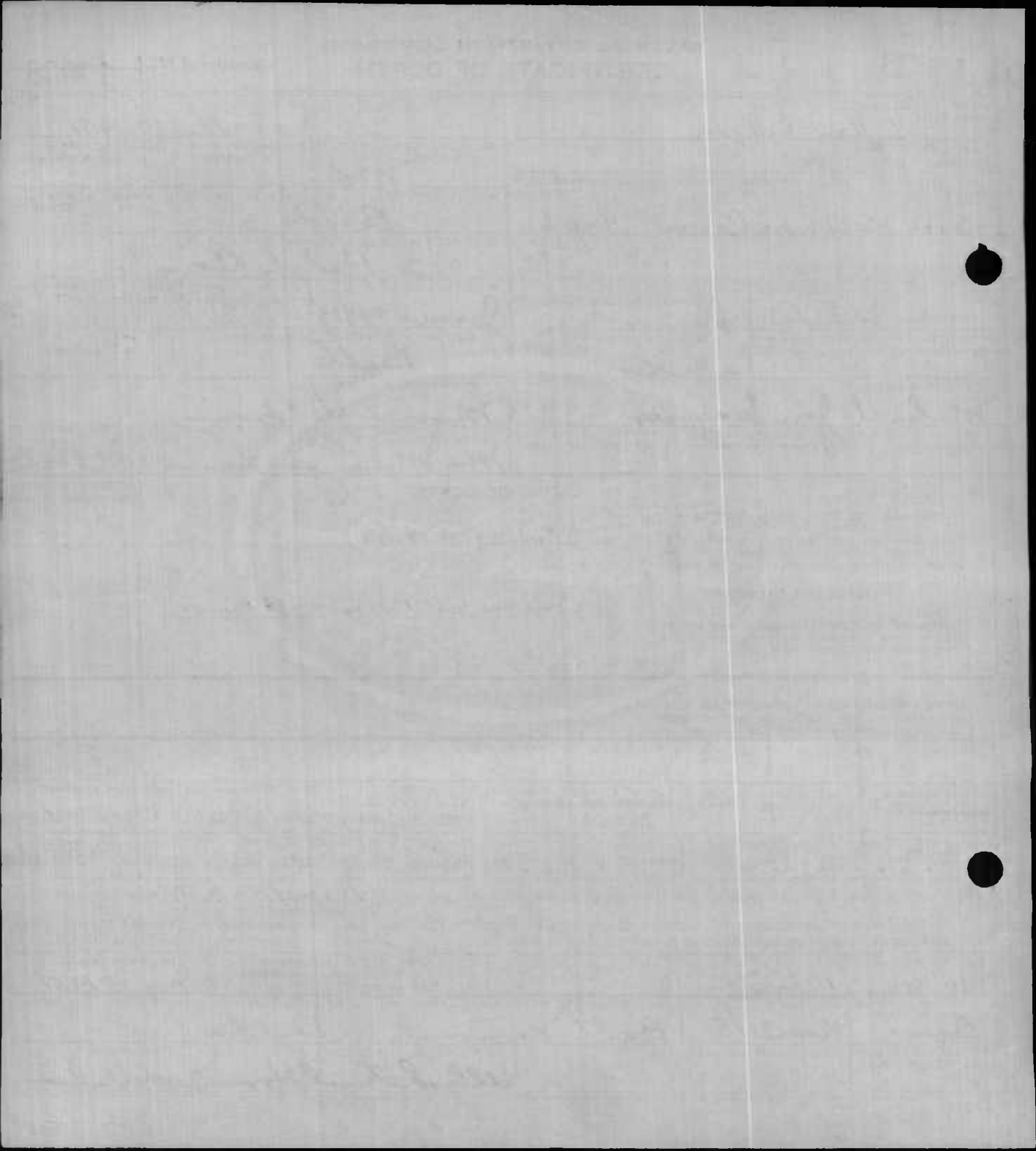
1. NAME OF DECEASED (Type or Print) <u>Lillian Colligan</u>		2. DATE OF DEATH <u>Nov 17, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY <u>Balt</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>South Baltimore General Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balt 25-05</u>	
D. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>		E. STREET ADDRESS (If rural, give location) <u>1012 Hatch Court</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 20 1919</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	9. AGE (in years last birthday) <u>32</u>
13. FATHER'S NAME <u>Michael Jankeewicz</u>		14. MOTHER'S MAIDEN NAME <u>Maria Hoffman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>101-10-1010</u>	
17. INFORMANT <u>Mr. Maria Jankeewicz</u>		ADDRESS <u>1012 Hatch Court</u>	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Skull Fracture</u> DUE TO (A) <u>Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Comminuted Fracture Rt Femur</u> DUE TO (B) <u>Comminuted Fracture Rt Femur</u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <u>None</u>		

19A. DATE OF OPERATION <u>Nov 17, 1951</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <u>Pennington Avenue & Curtis Creek Bridge</u>	
21D. TIME (Month) (Day) (Year) (Hour) <u>Nov. 17, 1951 4:00 P.</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>of bridge</u> <u>Passenger in auto which crashed into side</u>	

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>William V. Loefer</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <u>Nov 18 1951</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Nov 21/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Balt National</u>	24D. LOCATION (City, town, or county) (State) <u>Balt</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 20 1951</u>		25. FUNERAL DIRECTOR <u>Ulrich Funeral Home</u> ADDRESS <u>2004 Calumet</u>	



51 10039 425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10039

BIRTH NO.

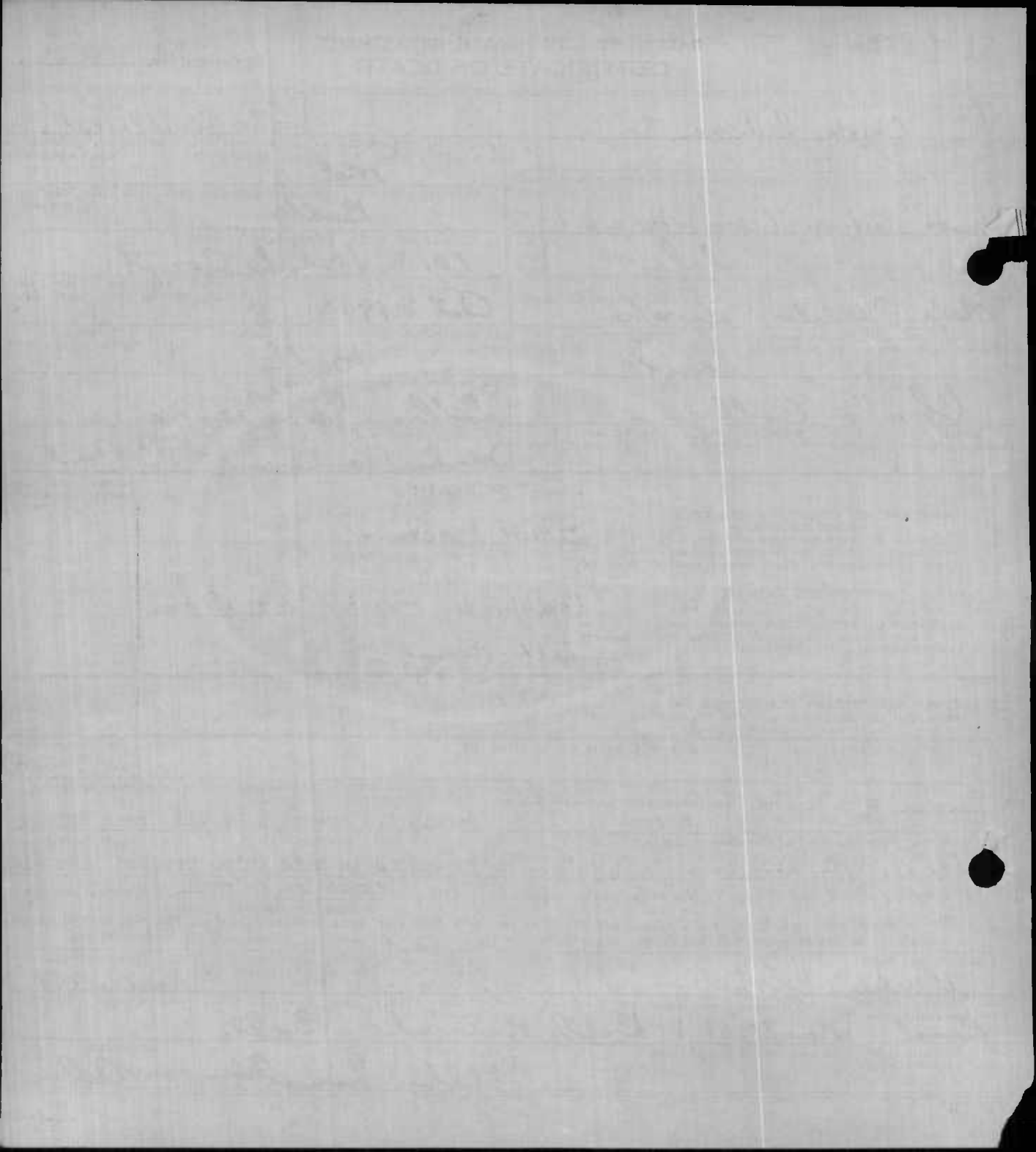
1. NAME OF DECEASED (Type or Print) <i>Charles Colligan, Jr.</i>		2. DATE OF DEATH <i>Nov. 17, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>X</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>South Baltimore General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 25-05</i>	
D. STREET ADDRESS (If rural, give location) <i>1012 Hales Court</i>			
5. SEX <i>Male</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>		8. DATE OF BIRTH <i>Oct 8 1943</i> 9. AGE (In years last birthday) <i>8</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <i>Balto</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>School</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Charles Colligan</i>		14. MOTHER'S MAIDEN NAME <i>Lillian Jankeewicz</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS <i>Mikhail Jankeewicz 10 N Port</i>	
18. <i>E819.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Skull Fracture</i> DUE TO (B) <i>Comminuted Fracture of R. and</i> (C) <i>Left Femur</i> INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>	
21C. WHERE DID INJURY OCCUR? <i>Pennington Avenue & Curtis Creek Bridge</i>		21D. TIME (Month) (Day) (Year) (Hour) <i>Nov. 17, 1951 4:00 P. m.</i>	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>of bridge</i> <i>Passenger in auto which crashed into side</i>	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>William V. Lovett</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED <i>Nov 18, 1951</i>			
24A. BURIAL, CREMA-TION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov 21/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Balto National</i>		24D. LOCATION (City, town, or county) (State) <i>Balto</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Nov 20 1951</i>		25. FUNERAL DIRECTOR <i>William Jankeewicz</i>	
REGISTRAR'S SIGNATURE <i>William Jankeewicz</i>		ADDRESS <i>2004 Calum</i>	

VS 151

N-804.2

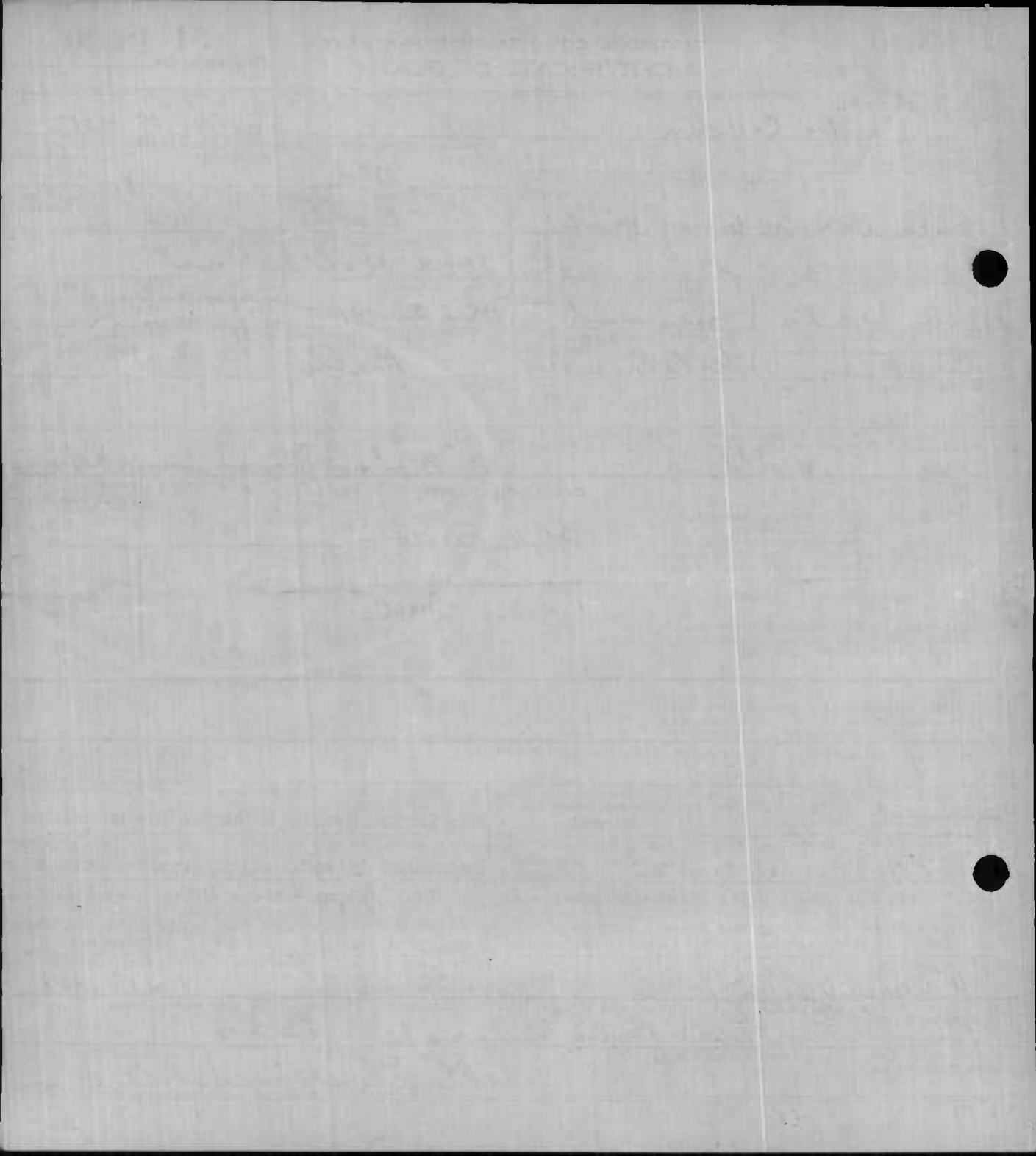
170C ✓

MEDICAL CERTIFICATION



51 10040
C-425BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10040
Registered No.

1. NAME OF DECEASED (Type or Print) Charles Colligan			2. DATE OF DEATH Nov 17 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Balt		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt 25-05		
D. STREET ADDRESS (If rural, give location) 1012 Hatch Court			E. LENGTH OF STAY IN BALTIMORE life		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar 26 1914	9. AGE (in years last birthday) 37	10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laboring			10B. KIND OF BUSINESS OR INDUSTRY Intelligence Co		
11. BIRTHPLACE (State or foreign country) Balt			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME (M)			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes			16. SOCIAL SECURITY NO. Wald 2		
17. INFORMANT Mr Michael Jankewicz			ADDRESS 1012 Hatch Court		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull Fracture DUE TO ANTECEDENT CAUSES Crushed Chest DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pennington Avenue & Curtis Creek Bridge	
21D. TIME (Month) (Day) (Year) (Hour) Nov. 17, 1951 4:00 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? of bridge Passenger in auto which crashed into side	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William J. Lovitt		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Nov 18 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 21/51		24C. NAME OF CEMETERY OR CREMATORY Balt National	
24D. LOCATION (City, town, or county) Balt		25. FUNERAL DIRECTOR William Jankewicz		ADDRESS 2004 Orleans	



V-536
51 10041BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10041

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAMIE E. VONDERHEIDE		2. DATE OF DEATH NOV 17, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Baltimore, Md. b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-06	
c. Length of stay in Baltimore Life		d. STREET ADDRESS (If rural, give location) 2760 Fenwick Ave. No 18	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 11/17 Jan. 5, 1883 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 68
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.-A	
13. FATHER'S NAME Herman		14. MOTHER'S MAIDEN NAME Hoferkamp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. **199.1** CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Generalized abdominal**
DUE TO **carcinomatosis**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

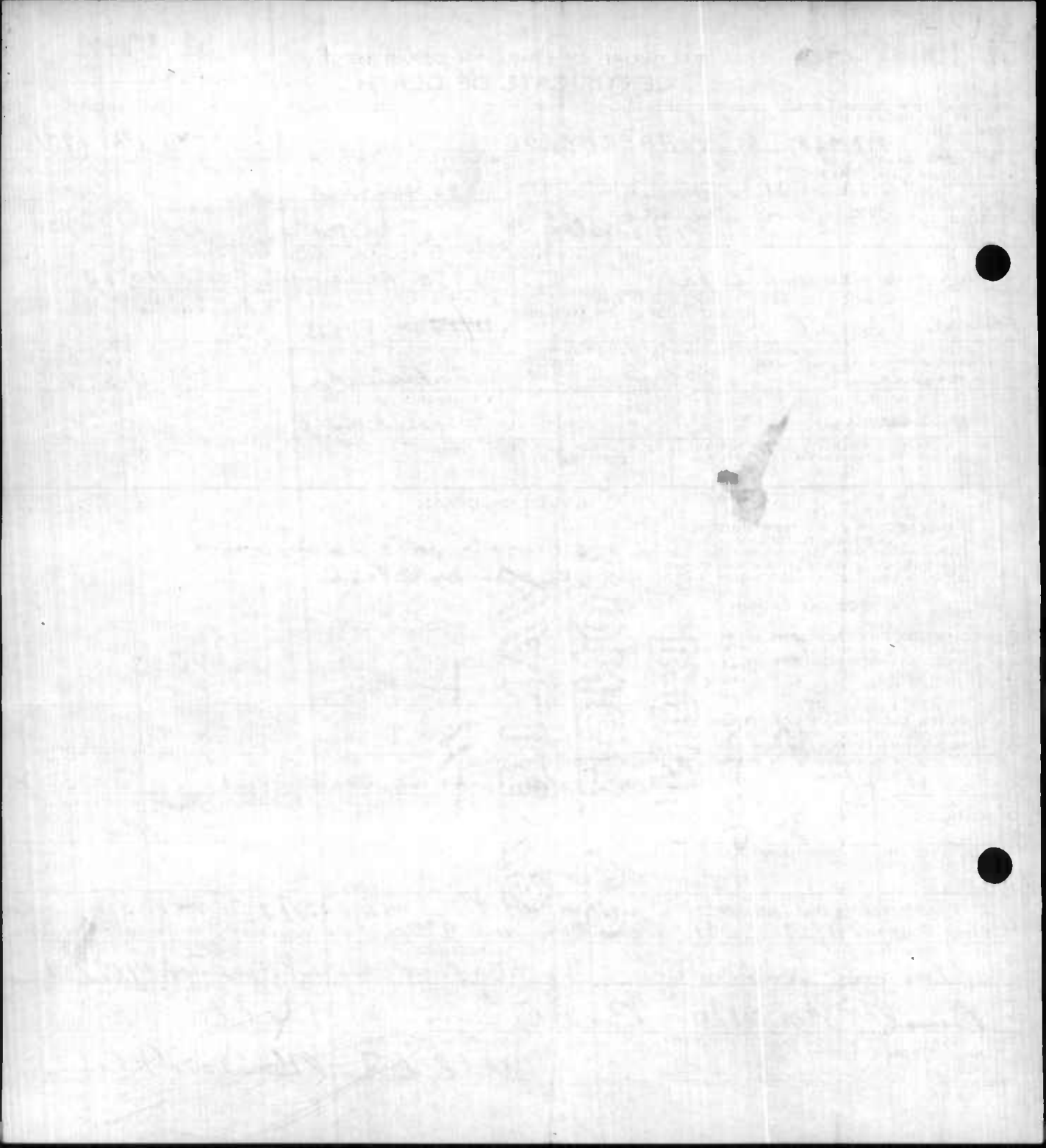
(B) _____
DUE TOII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

19a. DATE OF OPERATION 10/12/51		19b. MAJOR FINDINGS OF OPERATION Generalized abdominal carcinomatosis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10/7, 1951**, to **11/17, 1951**, that I last saw the deceased alive on **11/17, 1951**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Lakshmi Bokhara		23b. ADDRESS M. D. Maryland General Hospital		23c. DATE SIGNED 11/17/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 21/51		24c. NAME OF CEMETERY OR CREMATORY Balti Cemo	
24d. LOCATION (City, town, or county) (State) Balti		25. FUNERAL DIRECTOR Ulrich Funeral Home 2004 Orleans		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	



625
51 10042

BALTIMORE CITY HEALTH DEPARTMENT

51 10042

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Warfield Harrison

2. DATE
OF
DEATH

Nov 19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

701 Cathedral

at home

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 446X 1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1950 to Nov. 20, 1951, that I last saw the
deceased alive on Nov. 7, 1951, and that death occurred at 11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

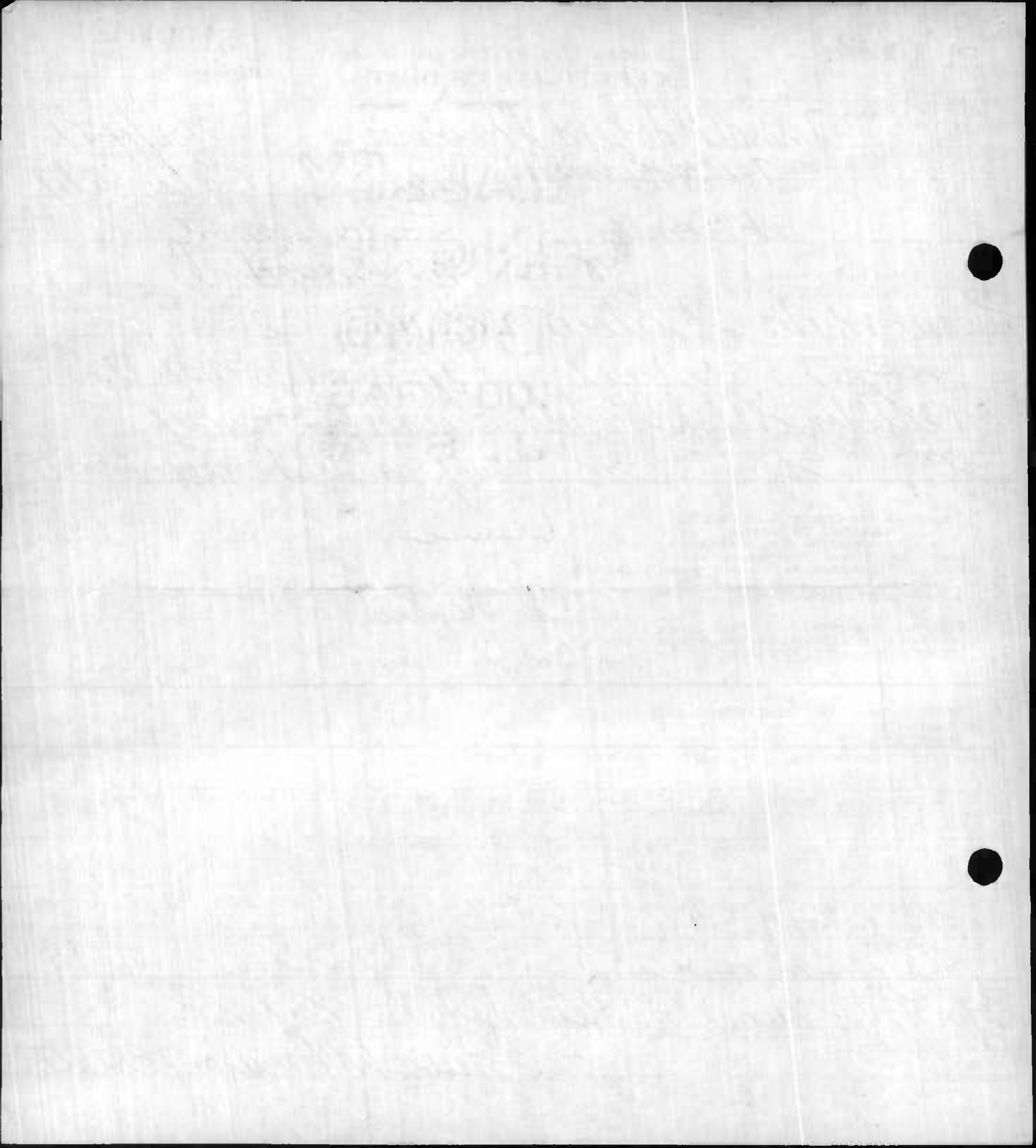
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

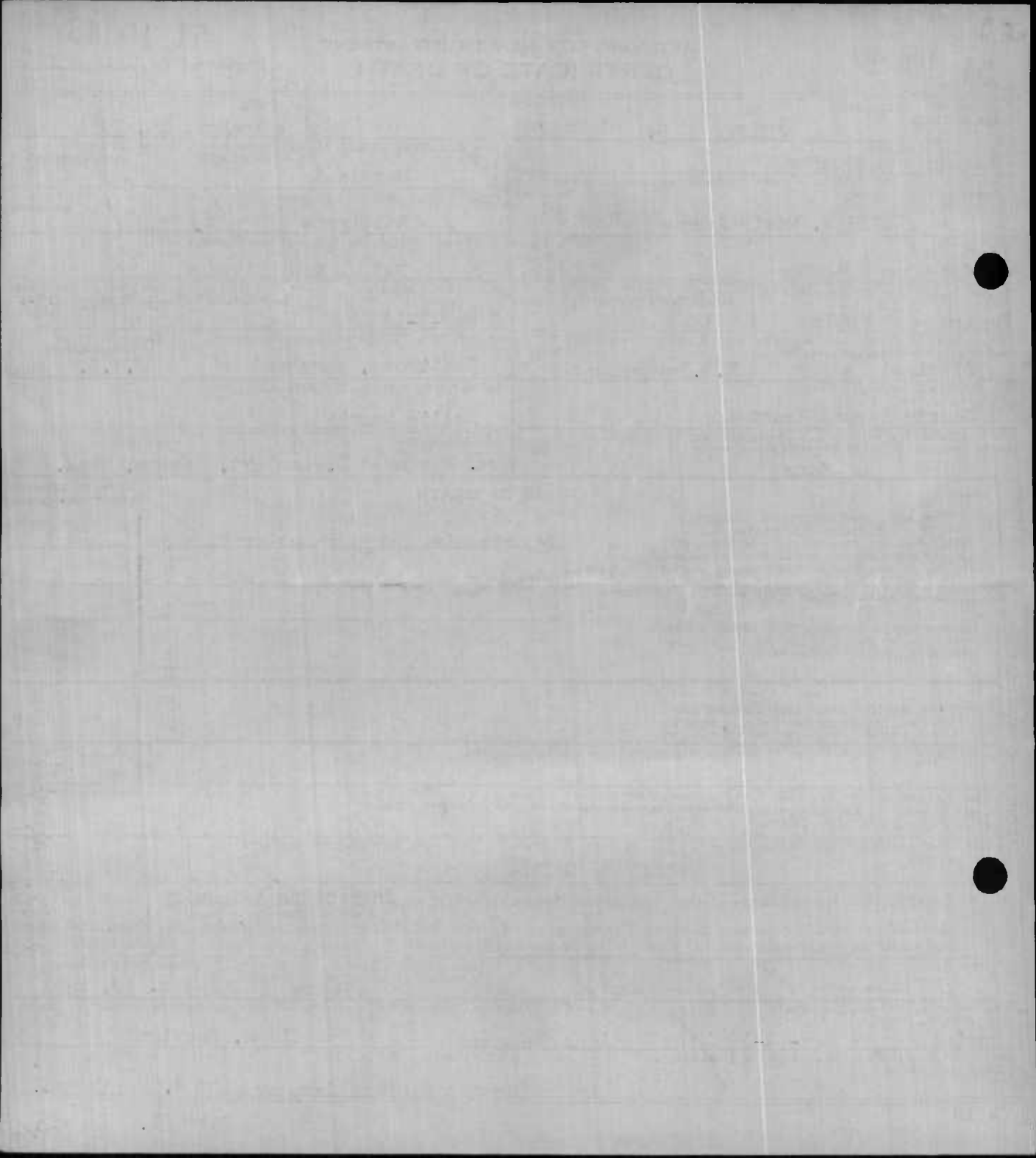
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 10043



525

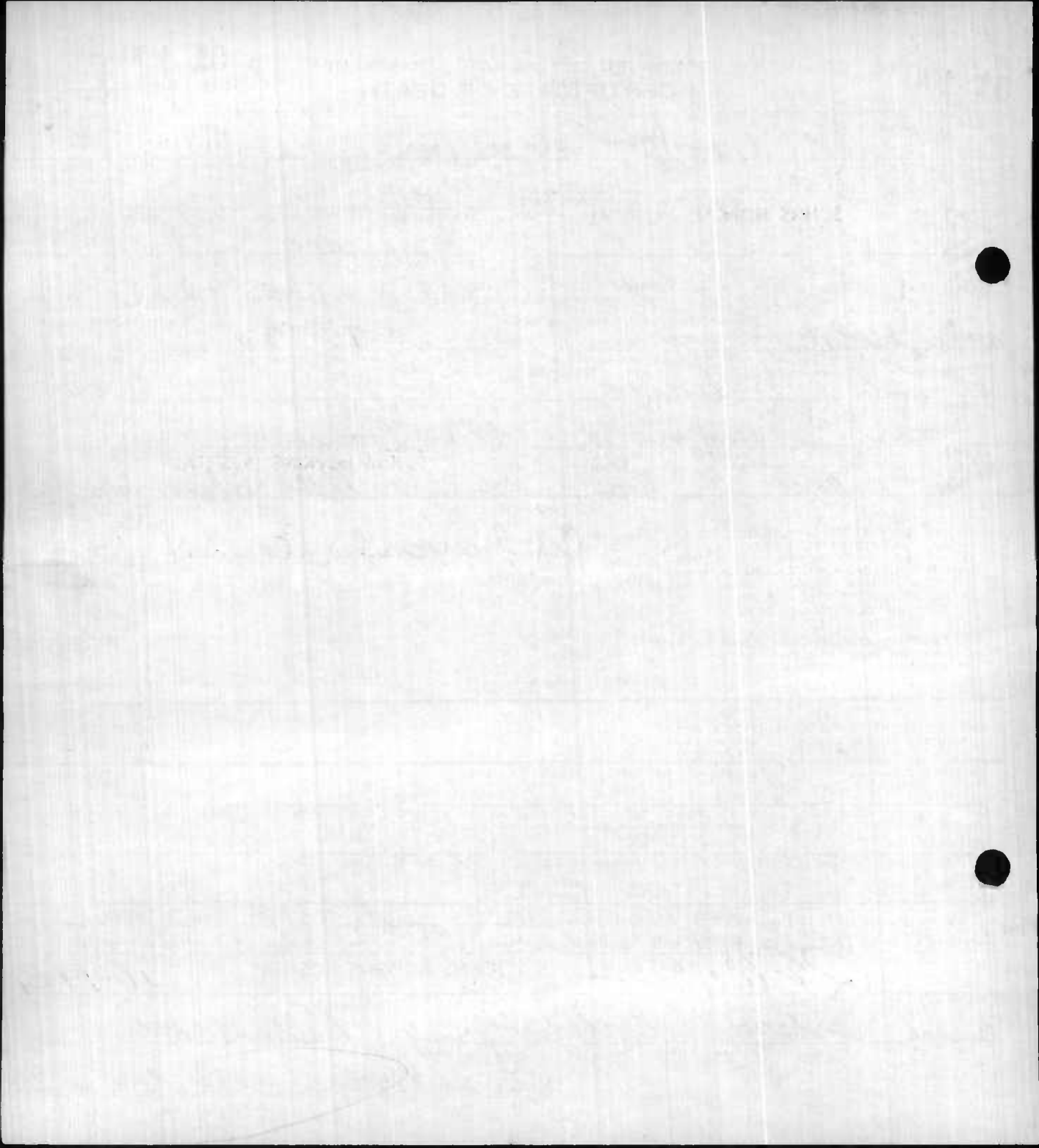
51 10044
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51-10044
Registered No.

1. NAME OF DECEASED (Type or Print) <i>(Michael Ernest Jenkins)</i>		2. DATE OF DEATH NOV 19 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-13</i>	
c. Length of stay in Baltimore <i>2 days</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>907 W. Lake Ave</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12-25-75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Lawyer</i>	9. AGE (In years last birthday) <i>75</i>
13. FATHER'S NAME <i>Joseph W. Jenkins Jr.</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO. <i>None</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Rogers</i>	
17. INFORMANT'S NAME AND ADDRESS <i>JOHNS HOPKINS HOSPITAL Mrs. Clare Whedbee Jenkins, Lake Ave.</i>			
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebro Vascular Accident</i> DUE TO (A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-17-1951</i> to <i>11-19-1951</i> , that I last saw the deceased alive on <i>11-19-1951</i> , and that death occurred at <i>6:45 A. M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>R. E. Wells</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>11-19-51</i>		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov/21/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR <i>Stewart & Moxon Co., 108 W. North Ave.</i>	
VS 150		City #1. 83a	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Lloy Milton Stoner			2. DATE OF DEATH Nov-19-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Selon Institute 6420 Reisterstown Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 28-31		
D. Length of stay in Baltimore 11 years			E. STREET ADDRESS (If rural, give location) 6420 Reisterstown Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar-14-1889		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant		10B. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Penna		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME Harriet		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None		16. SOCIAL SECURITY NO. 176-07-9825	17. INFORMANT ADDRESS Clarence Stoner (son) 6420 Reisterstown Rd		

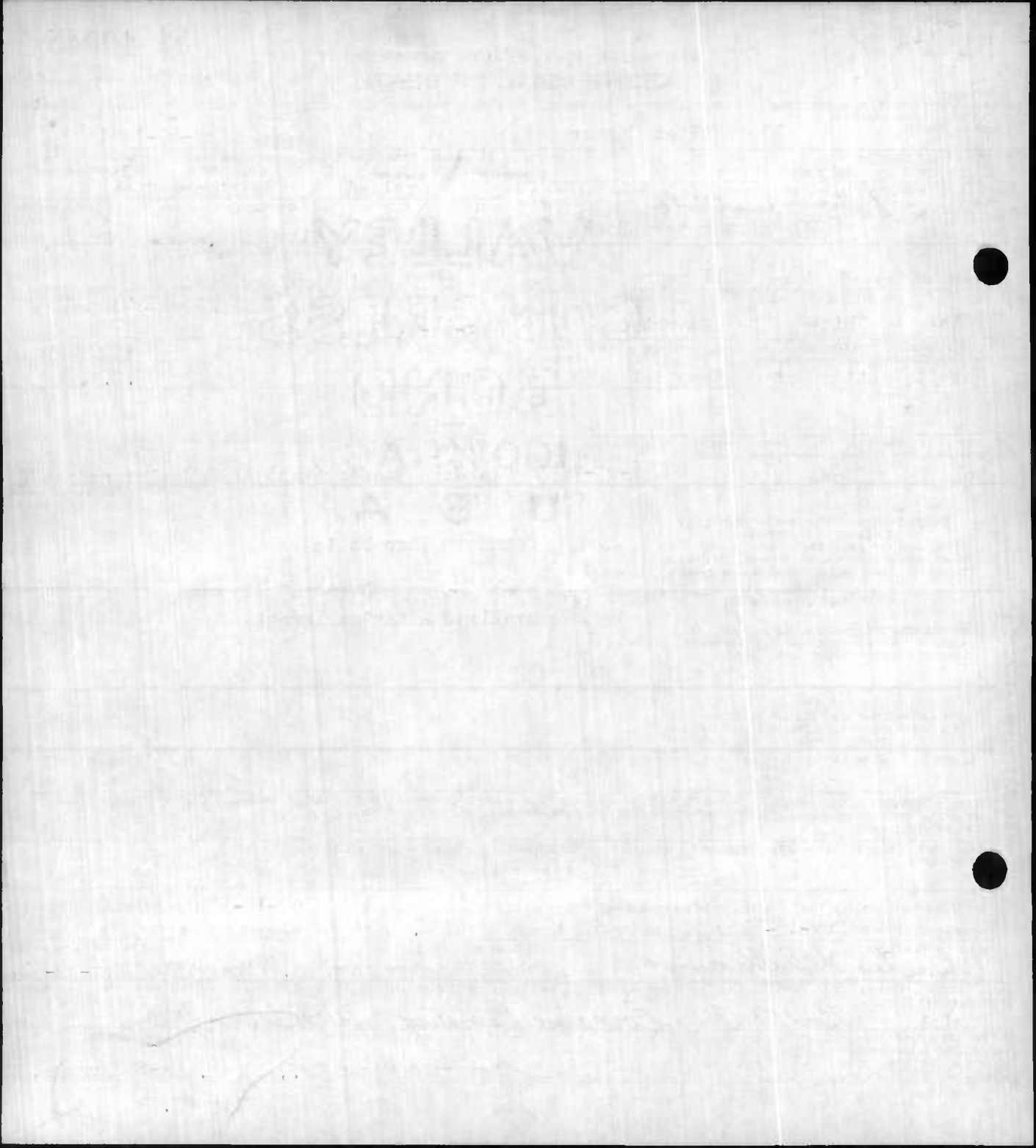
18. 470-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April, 1951 to Nov-19-51, that I last saw the deceased alive on Nov-16-51, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE Charles N. Williams		23B. ADDRESS M. O. 1632 Reisterstown Rd. Pikesville		23C. DATE SIGNED Nov-19-51.
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 21, 1951	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn - Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 20 1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR ADDRESS Stewart & Mowen Co., 108 W. North Avenue,		

MEDICAL CERTIFICATION



524
51 10046BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10046

Registered No.

BIRTH NO. 51-25397

1. NAME OF DECEASED
(Type or Print)

Baby Girl Winkler

2. DATE
OF
DEATH

10/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

10/30/51

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

45

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Winkler

14. MOTHER'S MAIDEN NAME

Mildred Ewanko

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776 X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Prematurity (20 lbs)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30/51, 19__, to 10/30/51, 19__, that I last saw the
deceased alive on 10/30/51, 19__, and that death occurred at 11:08 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Max R. English

M. O.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

10/31/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

UNIVERSITY MEDICAL SCHOOL NOV 2 1951

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

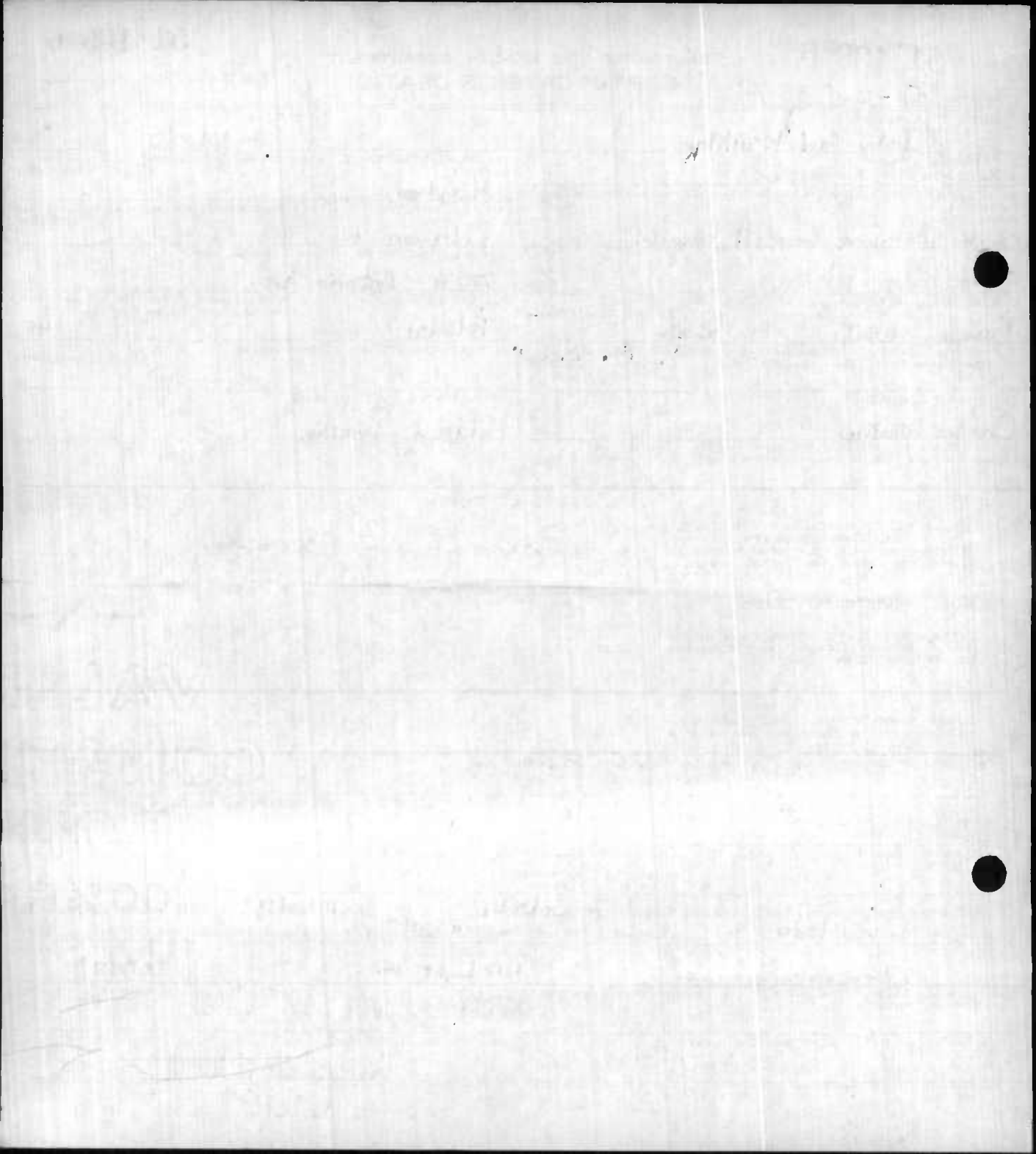
25. FUNERAL DIRECTOR

ADDRESS

NOV 2 0 1951

Wilmington, Delaware

Commissioner of Health



630 51 10047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10047
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Anna J. Gayhardt

2. DATE
OF
DEATH

11/20/51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

24 Bon SeCours Hospital

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

13. FATHER'S NAME

Daniel Rahmert

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No NONE

16. SOCIAL
SECURITY NO.

NONE

8. DATE OF BIRTH

6/16/90

9. AGE (in years
last birthday)

61

11 Under 1 Year
Months: Days12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Katie Harman

17. INFORMANT

ADDRESS

Edgar Gayhardt 2504 Frederick Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Septicemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carbuncle

DUE TO

(C) Diabetes Mellitus

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1951, to 11-20, 1951, that I last saw the
deceased alive on 11-20, 1951, and that death occurred at 2:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Hoge, M.D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

11-20-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1951

GEO. L. Schwab

201 Frederick Ave.

VS 150

7208A

61

MEDICAL CERTIFICATION

1A

1000

V

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

51 10048

51 10048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-27075

1. NAME OF DECEASED
(Type or Print)

BABY RIPPERGER

2. DATE
OF
DEATH

Nov 20 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for the Women

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5300

5. SEX

MALE

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov 20 1951

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

53

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto - Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Arnold Henry Ripperger

14. MOTHER'S MAIDEN NAME

Harriett C. Buckingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Arnold H Ripperger Glenarm Md

CAUSE OF DEATH

18. 761.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Asphyxia

due to Lumen Lags

Rupture of membrane

same as above

INTERVAL BETWEEN
ONSET AND DEATH

53 min.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov 20, 1951, to Nov. 20, 1951, that I last saw the
deceased alive on Nov 20, 1951, and that death occurred at 5:03 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William P. Hughes

M.D.

23B. ADDRESS

Hosp. for Women & Md.

23C. DATE SIGNED

11/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-21-1951

24C. NAME OF CEMETERY OR CREMATORY

WOODLAWN

24D. LOCATION (City, town, or county)

BALTIMORE,

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 21 1951

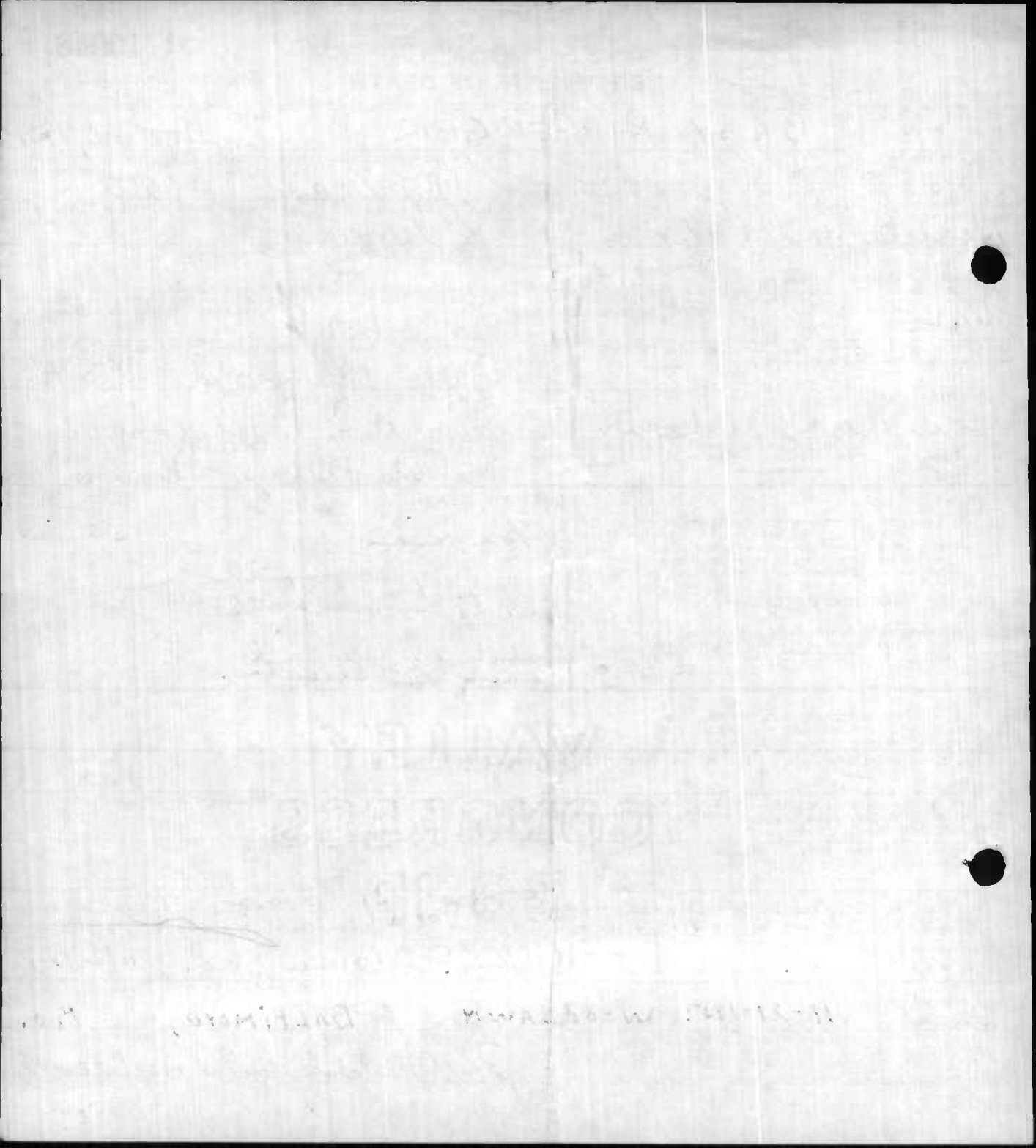
REGISTRAR'S SIGNATURE

William P. Hughes

25. FUNERAL DIRECTOR

John O. Mitchell Lmo Inc 1900 Eutaw Pl.

ADDRESS



452
REA-150487BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10049
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stephen Jelonek

2. DATE
OF
DEATH

Nov. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
877 Lemmon Street

C. Length of stay in Baltimore

13 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 21, 1916

9. AGE (In years last birthday)

35

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

Unknown

13. FATHER'S NAME

Stanley Jelonek

11. BIRTHPLACE (State or foreign country)

New Jersey

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Jelonek

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18.

161 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of larynx-pharynx

Over one Year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

March 17, 1951
Nov. 13, 1951

19B. MAJOR FINDINGS OF OPERATION

rt. neck dissection
tracheotomy

Oct. 16, 1951 - Gastrostomy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17, 1951, to 11-19, 1951, that I last saw the deceased alive on 11-19, 1951, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. S. Dwyer

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

11-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11-26-51

24C. NAME OF CEMETERY OR CREMATORY

St Joseph

24D. LOCATION (City, town, or county)

Bellevue Landing, D. C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Howard H. Hulland 2503 Edmondson

VS 150

45F

MEDICAL CERTIFICATION



51 10050

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10050

Registered No. _____

620

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Kraus Elizabeth</i>		2. DATE OF DEATH <i>11/20/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>FRANKLIN SQUARE HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 8-04</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1502 N. MONTFORD Ave.</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>1/28/1867</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>84</i>
11. BIRTHPLACE (State or foreign country) <i>GERMANY</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>BOWER KRAUS</i>		14. MOTHER'S MAIDEN NAME <i>Unknown.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mary Schellian</i>		ADDRESS <i>Montford 1502 N</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebral hemorrhage</i> (A) _____ DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>7 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Cardiovascular arteriosclerotic dis. Unknown</i> (B) _____ DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____	

19A. DATE OF OPERATION <i>11/24/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/19/51</i> , 1951, to <i>11/20</i> , 1951, that I last saw the deceased alive on <i>11/19</i> , 1951, and that death occurred at <i>8.30 pm.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R. Schellian</i>		23B. ADDRESS <i>Franklin Square Hospital</i>		23C. DATE SIGNED <i>11/20/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/24/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St Josephs Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		24E. FUNERAL DIRECTOR <i>Lassahn Funeral Home</i>		24F. ADDRESS <i>7401 Belair Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>		25. FUNERAL DIRECTOR <i>Lassahn Funeral Home</i>	

51 19051

630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 19051
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISIDORE BART

2. DATE
OF
DEATH

Nov. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

3449 COTTAGE AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

BALTIMORE 15-12

6. Length of stay in Baltimore

40

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3449 COTTAGE AVE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

TAILOR

10B. KIND OF BUSINESS OR
INDUSTRY

CLOTHING

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

NOT KNOWN

(M)

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SARA BART - 3449 COTTAGE AVE

18. 420 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

1 1/2 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

generalized arterio-sclerosis

10 years

DUE TO

(C)

Coronary Thrombosis 1949 + 1946

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1946 to Nov 20, 1951, that I last saw the
deceased alive on Nov. 18, 1951, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jack Cohen

M. D.

23B. ADDRESS

1804 Entaw Place

23C. DATE SIGNED

11/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11/21/1951

Mt. Carmel

BALTO.

(MD)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Entaw Pl.

Coleman
1904 Ontario PR

VALLEY
CONGRESS
ZONE
1000000
1000000

642
51 10052BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10052
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HYMAN EHRBICH

2. DATE
OF
DEATH

11-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2474 Shirley Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2474 Shirley Ave

c. Length of stay in Baltimore

38 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Chicken

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Esther

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dora Ehrlich - Bauer

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac dilatation

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardio vascular sclerosis

DUE TO

(C) hypertension

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Polycythemia -
pleurisy & effusion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1951 to Nov. 21, 1951, that I last saw the
deceased alive on Nov. 21, 1951, and that death occurred at 4 m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Seidel

23B. ADDRESS

2404 Eutaw Pl

23C. DATE SIGNED

11/21/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-21-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewin 2100 Eutaw Pl

Reeder
Gutland PR

~~2404~~
2404

120
51 10053BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10053
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		SADIE J. DAVIS		2. DATE OF DEATH		Nov. 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)			
Mercy Hospital				Baltimore			
Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
Life				806 Benninghaus Road #12			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Female		White		Widow		Feb. 29, 1883	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday)		11. BIRTHPLACE (State or foreign country)	
Housework		at home		68		Baltimore, Md.	
13. FATHER'S NAME				12. CITIZEN OF WHAT COUNTRY			
Soloman Uhlfelder				USA			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT			
no		none		806 Benninghaus Road - 12 Mr. Charles E. Smith			

18. 443 X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive and arteriosclerotic
cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE
Stanley H. Sander M.D.

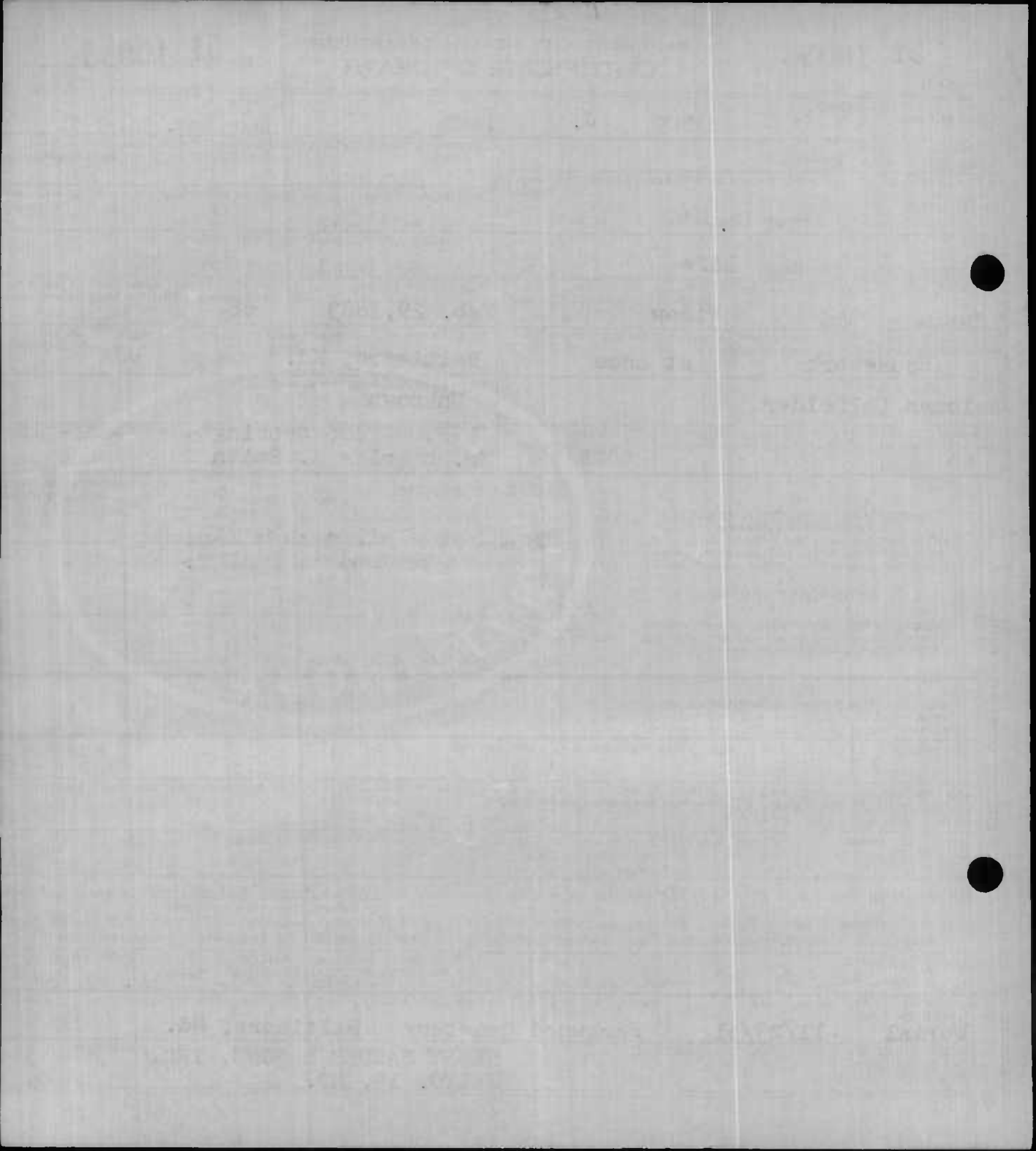
23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Nov. 19, 1951

24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
TION, REMOVAL (Specify)

burial 11/23/51 Parkwood Cemetery Baltimore, Md.

DATE RECEIVED BY 25. REGISTRAR'S SIGNATURE 26. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR HENRY SANDER & SONS, INC.
BALTO. 13, MD.



51 10054

51 10054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 51-12798

1. NAME OF DECEASED
(Type or Print)

Roger Jefferson

2. DATE
OF
DEATH

November 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

700 W. Fayette St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMED BY

18. 493 X and 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Congenital cyanotic heart disease
Congestive heart failureLife
1 day

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-19, 1951, to 11-19, 1951, that I last saw the
deceased alive on 11-19, 1951, and that death occurred at 11:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VALLEY
COLLEGE

BOND

1000000

U.S.A.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mrs Evelyn M. Byrne</i>		2. DATE OF DEATH <i>11-20-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1105 Duke Land St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i> <i>16-07</i>	
C. Length of stay in Baltimore _____ Yrs. Mos. Days _____		D. STREET ADDRESS (If rural, give location) <i>1105 Duke Land St.</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>June 29 - 1897</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SEAMSTRESS</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Presses</i>	9. AGE (In years last birthday) <i>54</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md. Ch. Ill</i>		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <i>Purcell</i> <i>(M)</i>		14. MOTHER'S MAIDEN NAME _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) _____	16. SOCIAL SECURITY NO. <i>216-07-6440</i>	17. INFORMANT ADDRESS <i>Paul Purcell - 1425 Ellman Mt St</i>	

18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDEENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH <i>Cirrhosis Liver</i> (A) _____ DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>Years</i>
--	--	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *June 1*, 19*51*, to *Nov 20*, 19*51*, that I last saw the deceased alive on *Nov 20*, 19*51*, and that death occurred at *11 A.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Mendelios</i> M. D.	23B. ADDRESS <i>651 N Beutalon</i>	23C. DATE SIGNED <i>11-20-51</i>
---------------------------------------	------------------------------------	----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>11-23-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem</i>	24D. LOCATION (City, town, or county) (State) <i>4308 Frederick Rd BALTO MD</i>
OATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE _____	25. FUNERAL DIRECTOR ADDRESS <i>Thomas J. Kenny, Inc 1600 Hollins St</i>

STATE OF TEXAS
COUNTY OF DALLAS

IN SENATE,
January 1, 1907.

REPORT OF THE
COMMISSIONER OF THE LAND OFFICE.

FOR THE YEAR 1906.

ALBINO S. BROWN, COMMISSIONER.

RECEIVED JAN 1 1907

STATE OF TEXAS

COMMISSIONER OF THE LAND OFFICE

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1906

ALBINO S. BROWN, COMMISSIONER

RECEIVED JAN 1 1907

STATE OF TEXAS

COMMISSIONER OF THE LAND OFFICE

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1906

ALBINO S. BROWN, COMMISSIONER

RECEIVED JAN 1 1907

STATE OF TEXAS

COMMISSIONER OF THE LAND OFFICE

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1906

ALBINO S. BROWN, COMMISSIONER

RECEIVED JAN 1 1907

STATE OF TEXAS

COMMISSIONER OF THE LAND OFFICE

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1906

ALBINO S. BROWN, COMMISSIONER

RECEIVED JAN 1 1907

STATE OF TEXAS

COMMISSIONER OF THE LAND OFFICE

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1906

ALBINO S. BROWN, COMMISSIONER

RECEIVED JAN 1 1907

STATE OF TEXAS

COMMISSIONER OF THE LAND OFFICE

REPORT OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR 1906

ALBINO S. BROWN, COMMISSIONER

50

CERTIFICATE CORRECTED 12/12/51

ES

51 10056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10056

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIUS RUBIN

2. DATE
OF
DEATH

Nov. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

SINAI HOSPITAL

C. CITY OR TOWN

BALTIMORE

15

(If outside corporate limits, write RURAL and give township)

6. Length of stay in Baltimore

Yrs.
Mos.
Days

7. STREET ADDRESS (If rural, give location)

3000 OAKLEY AVE

8. SEX

M

9. COLOR OR RACE

W

10. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

11. DATE OF BIRTH

Nov. 8, 1900

12. AGE (In years

51 (51)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

14. KIND OF BUSINESS OR INDUSTRY

Bread route

15. BIRTHPLACE (State or foreign country)

RUSSIA

16. CITIZEN OF WHAT COUNTRY?

USA

17. FATHER'S NAME

Samuel Rubin

18. MOTHER'S MAIDEN NAME

Charlotte ??

19. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

20. SOCIAL SECURITY NO.

21. INFORMANT

ADDRESS

Mrs. Anne Rubin-3000 Oakley Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

UREMIA

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

RENAL SHUTDOWN

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CHRONIC PYELONEPHRITIS

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

POSSIBLE MYOCARD. INFARCTION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1951 to 11/20, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/21/51

24C. NAME OF CEMETERY OR CREMATORY

Beth Hamedrosh Hagodol

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson - Bros - 1124-26 W. North

VS 150

49044 12

133a Avenue

MEDICAL CERTIFICATION

See Document File 51-10056
12/12/51 ES

65
51 10057BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10057
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Wilmer V. O'Brien		November 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3210 Berkshire Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3210 Berkshire Road 27-01	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 2, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Ret. Paper Hanger		10B. KIND OF BUSINESS OR INDUSTRY Self	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James J. O'Brien		14. MOTHER'S MAIDEN NAME Sarah Burns	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W. W. I		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Dora I. O'Brien, 3210 Berkshire Road		ADDRESS	
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Atherosclerotic heart disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 1 hr. years			
19. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/29, 1950, to 11/19, 1951, that I last saw the deceased alive on 11/18, 1951, and that death occurred at 6:45 P. M., from the causes and on the date stated above.			
23A. SIGNATURE M. D.		23B. ADDRESS 1737 E. North Ave	
23C. DATE SIGNED 11/20/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/23/51	
24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1951		REGISTRAR'S SIGNATURE H. M. Cook, Inc.	
25. FUNERAL DIRECTOR H. M. Cook, Inc.		ADDRESS 1217 St. Paul St.	

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514
51 19058BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 19058

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Leon Harrison Campbell

2. DATE
OF
DEATH

Nov. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

634 Mosher St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

634 Mosher St.

C. Length of stay in Baltimore

31 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 29, 1920

9. AGE (In years
last birthday)

31

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Porter

10B. KIND OF BUSINESS OR
INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George A. Campbell

14. MOTHER'S MAIDEN NAME

Bessie Hobiday

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Luther B. Holiday-634 Mosher St.

18.

CORX

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

9 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18, 1951, to Nov 19, 1951, that I last saw the
deceased alive on Nov 17, 1951, and that death occurred at 10.50 m., from the causes and on the date stated above.

23A. SIGNATURE

H. P. Hughes

M. O.

23B. ADDRESS

825 N. Fremont Ave

23C. DATE SIGNED

11.20.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial Nov. 23, 1951 Mt. Auburn Cem. Baltimore Co., Maryland

Holland Funeral Home-1631 Druid Hill

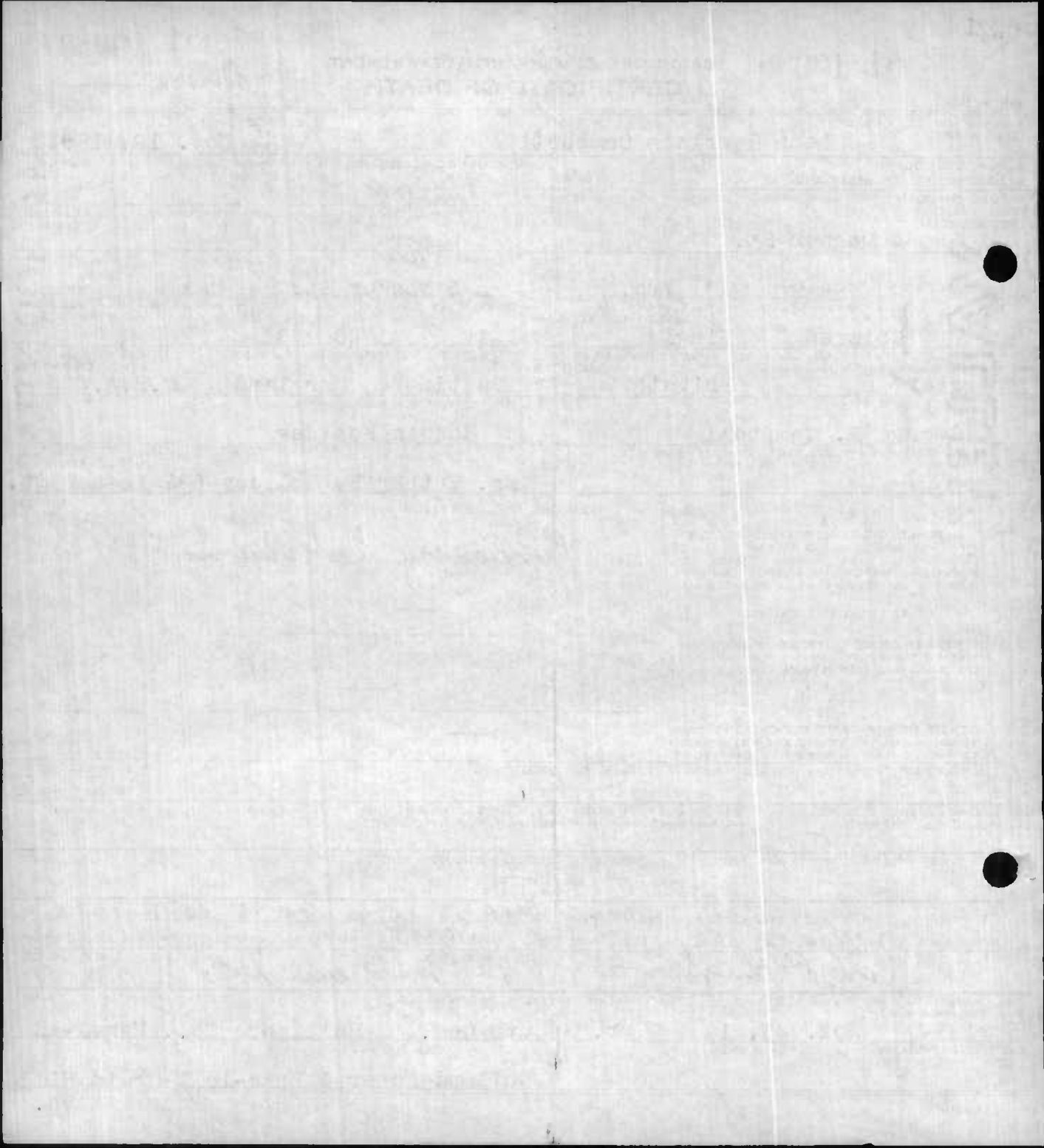
VS 150

720 8A

13B

Ave.

MEDICAL CERTIFICATION



51 19059

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 19059

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY R. WEBB

2. DATE
OF
DEATH

Nov. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

9 Wendover Rd.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

9 Wendover Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 7, 1861

9. AGE (in years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James H. Cox

14. MOTHER'S MAIDEN NAME

Mary Shields

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Celeste Webb - 9 Wendover Rd.

18. 491X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) *Bronchopneumonia*

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.*Arteriosclerosis, Generalized*

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949 to Nov., 1951, that I last saw the
deceased alive on 19 Nov., 1951, and that death occurred at 3:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/23/51

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

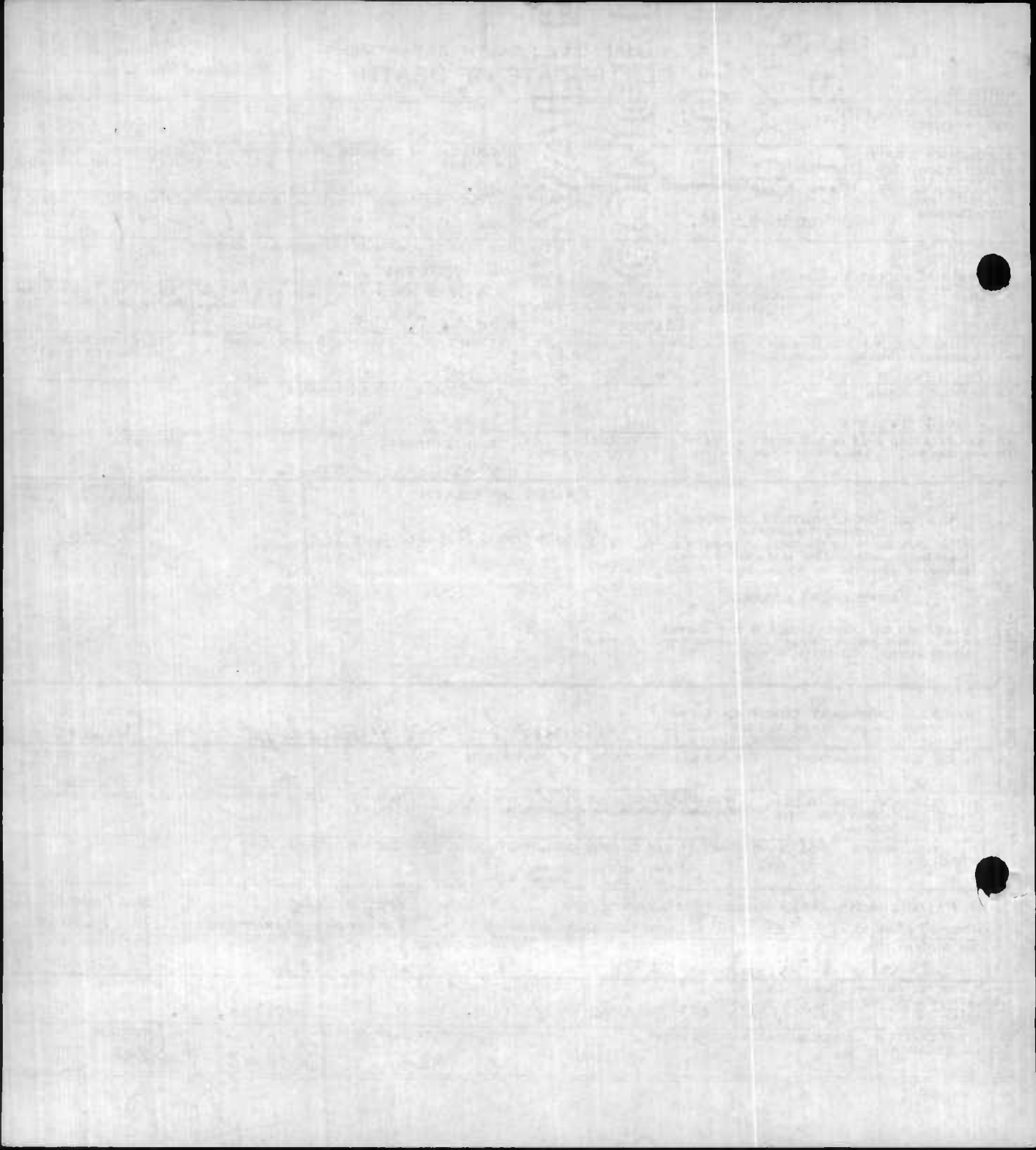
NOV 21 1951

26 m. J. Tickner & Sons

VS 150

107 Baets Md.

MEDICAL CERTIFICATION



245 51 10060
BIRTH NO.

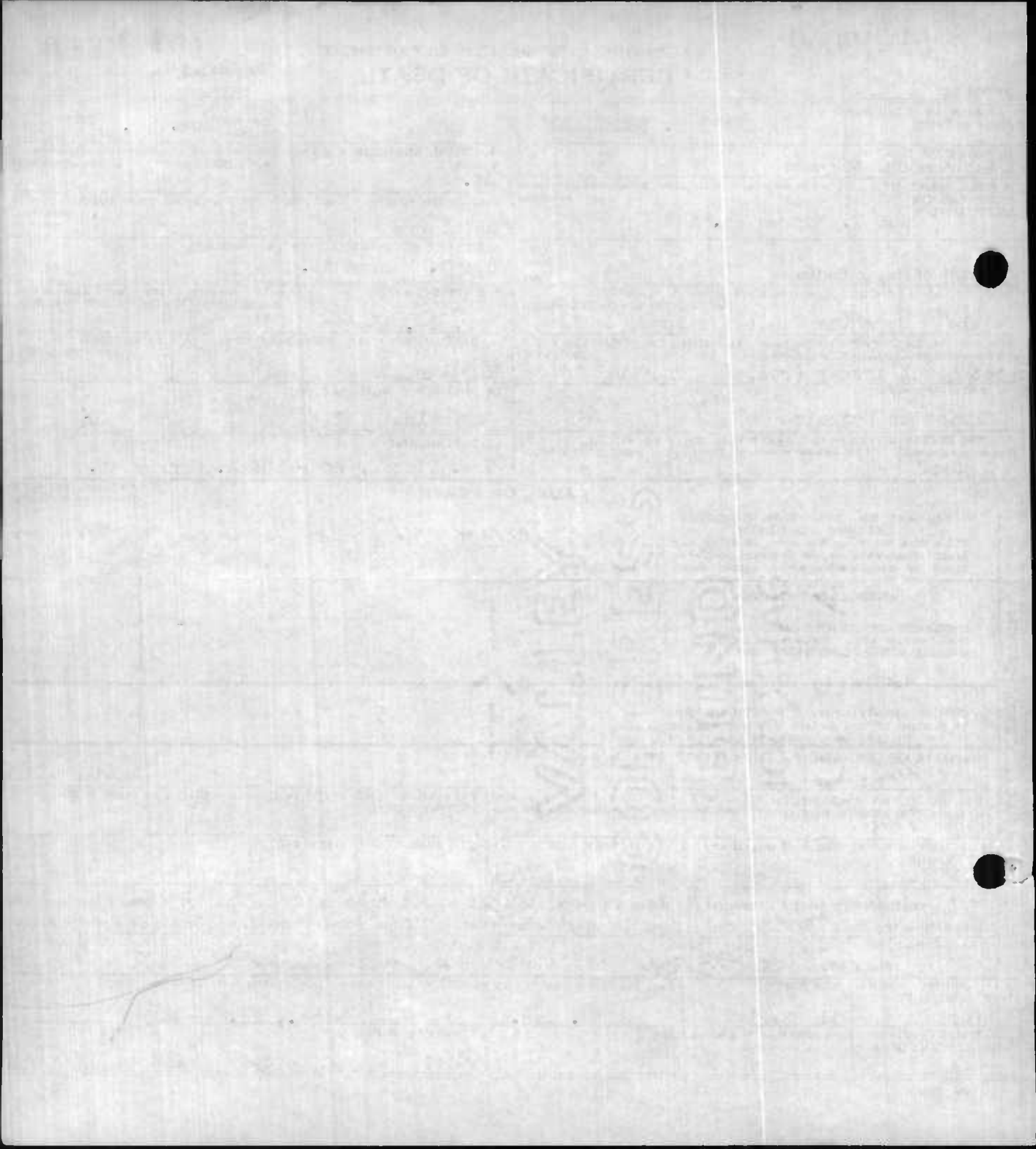
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10060
Registered No.

1. NAME OF DECEASED (Type or Print) RICHARD D. BOCKELMAN			2. DATE OF DEATH Nov. 19, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 806 N. Monroe St.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-04		
d. STREET ADDRESS (If rural, give location) 806 N. Monroe St.			e. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Mar. 18, 1854	9. AGE (in years last birthday) 97	10. Under 1 Year Months: _____ Days: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sheet metal worker (rtd)			10b. KIND OF BUSINESS OR INDUSTRY Roofing		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Christian Bockelman			14. MOTHER'S MAIDEN NAME Christina ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) none			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Cleo Browne - 806 N. Monroe St.			ADDRESS		

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH 30 years
(A) DUE TO		
ANTECEDENT CAUSES		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July , 1950, to Nov. 19 , 1951, that I last saw the deceased alive on Nov 19 , 1951, and that death occurred at 10:10Am. , from the causes and on the date stated above.					
23A. SIGNATURE Joseph H. Bird		23B. ADDRESS 1532 Navenwood Rd		23C. DATE SIGNED Nov 20, 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/23/51		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Vickner & Sons - Balto. Md.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1951		REGISTRAR'S SIGNATURE Wm. J. Vickner			



H20
51 10061BLAKE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10061

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Herbert C. Blake</i>		2. DATE OF DEATH <i>11/20/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>12-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>216 E. University Parkway</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept. 25, 1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Physician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Practice</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John D. Blake</i>		14. MOTHER'S MAIDEN NAME <i>Florentine M. Marriott</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>World No. 1</i>	
17. INFORMANT <i>Mrs. Helen Neily Blake-216 E. University</i>		ADDRESS <i>Pkwy.</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Hypertensive and Arteriosclerotic Cardiovascular disease</i> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>1/2 hour</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

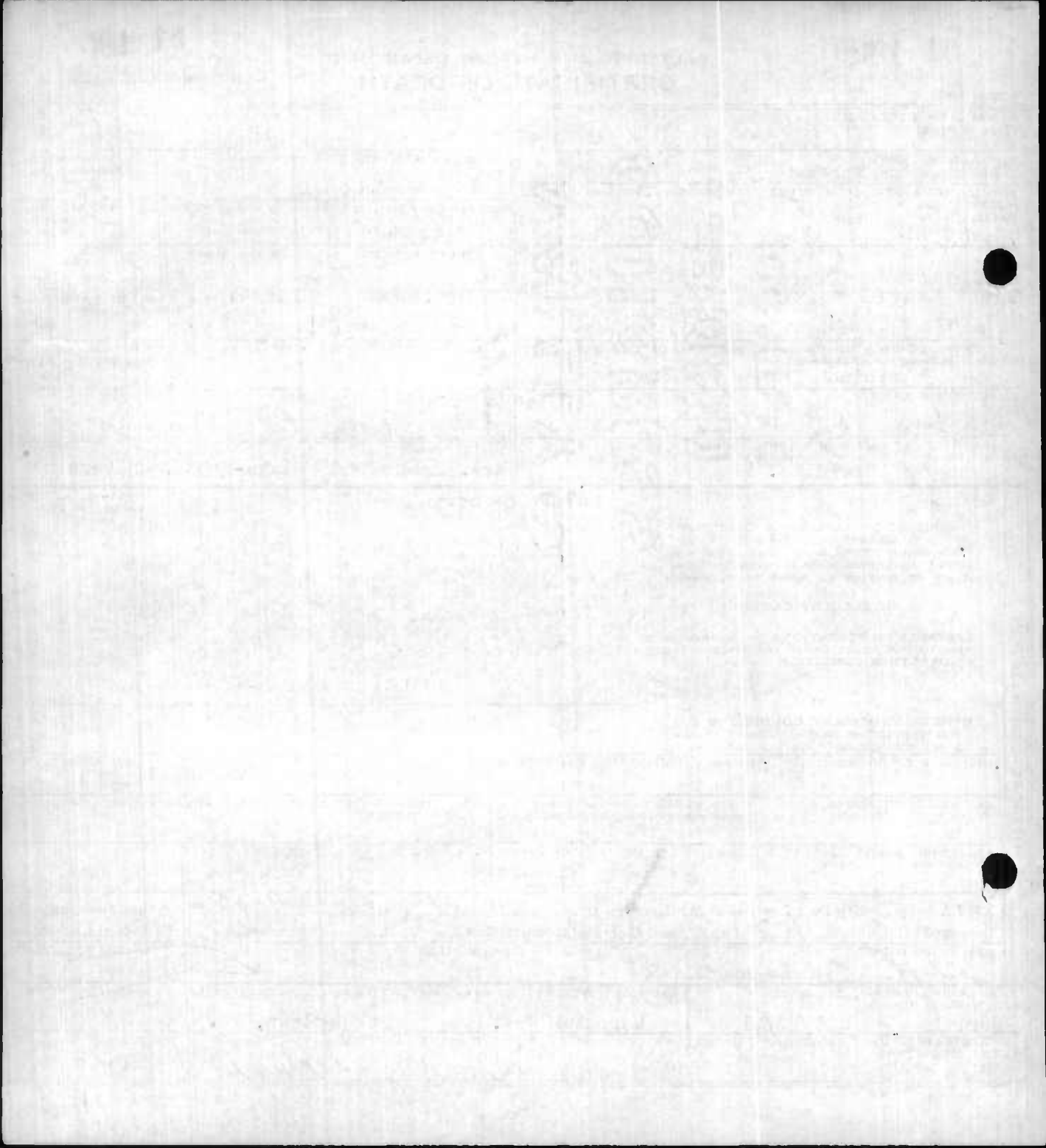
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>11-17-1951</i> , to <i>11-20-1951</i> , that I last saw the deceased alive on <i>11-20-1951</i> , and that death occurred at <i>5 a.m.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>W.K. Brundage</i>		23B. ADDRESS M. D.		23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/23/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Woodlawn, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Dickner & Sons</i>	25. FUNERAL DIRECTOR <i>Wm. J. Dickner & Sons</i>	

VS 150

07585

937 Balto 17, Md.



51 10062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10062

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSSITER, JENNIE A

2. DATE
OF
DEATH

11-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

FRANKLIN SQ. HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BROOKLYNE MD

D. STREET ADDRESS (If rural, give location)

311 ARUNDEL RD. 5200

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

R

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1-2-1890

9. AGE (In years
last birthday)

61

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

CHARLES IMHOFF

14. MOTHER'S MAIDEN NAME

HELENA REESE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CHARLES M. ROSSITER 1155 Carroll ST.

18. 470.0 and 155X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Cerebral Hemorrhage

12 hrs

DUE TO

(B) ARTERIOSCLEROTIC Heart Disease

DUE TO

(C) GENERALIZED ARTERIOSCLEROSIS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Primary Carcinoma Liver

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1951, to 11-19, 1951, that I last saw the
deceased alive on 11-19, 1951, and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1951

W. J. Williams

Bernard E. Harle 121 E West St

210
51 10063BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10063
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Mary Loretta O'Keefe

2. DATE
OF
DEATH

November 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3725 Ellerslie Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
Baltimore MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR 3725 Ellerslie Avenue
INSTITUTION Baltimore, MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Maryland 9-01

D. STREET ADDRESS (If rural, give location)

3725 Ellerslie Avenue, B

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 30, 1870

9. AGE (In years last birthday)

51

10. Under 1 Year 10. Under 24 Hours

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Religious - over 40 yrs.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Massachusetts

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Michael O'keefe

14. MOTHER'S MAIDEN NAME

Ellen Cunningham

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Sr. M. Regina

ADDRESS

3725 Ellerslie Ave
Baltimore Md.

CAUSE OF DEATH

18. 422.1 I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular Disease with cerebral vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

3 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946 to Nov. 1951, that I last saw the deceased alive on Nov. 5, 1951, and that death occurred at 8:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M. D.

23B. ADDRESS

5015 Sheridan Ave.

23C. DATE SIGNED

Nov. 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-22-1951

24C. NAME OF CEMETERY OR CREMATORY

ST. ELIZABETHS CONVENT

24D. LOCATION (City, town, or county)

BALTO

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

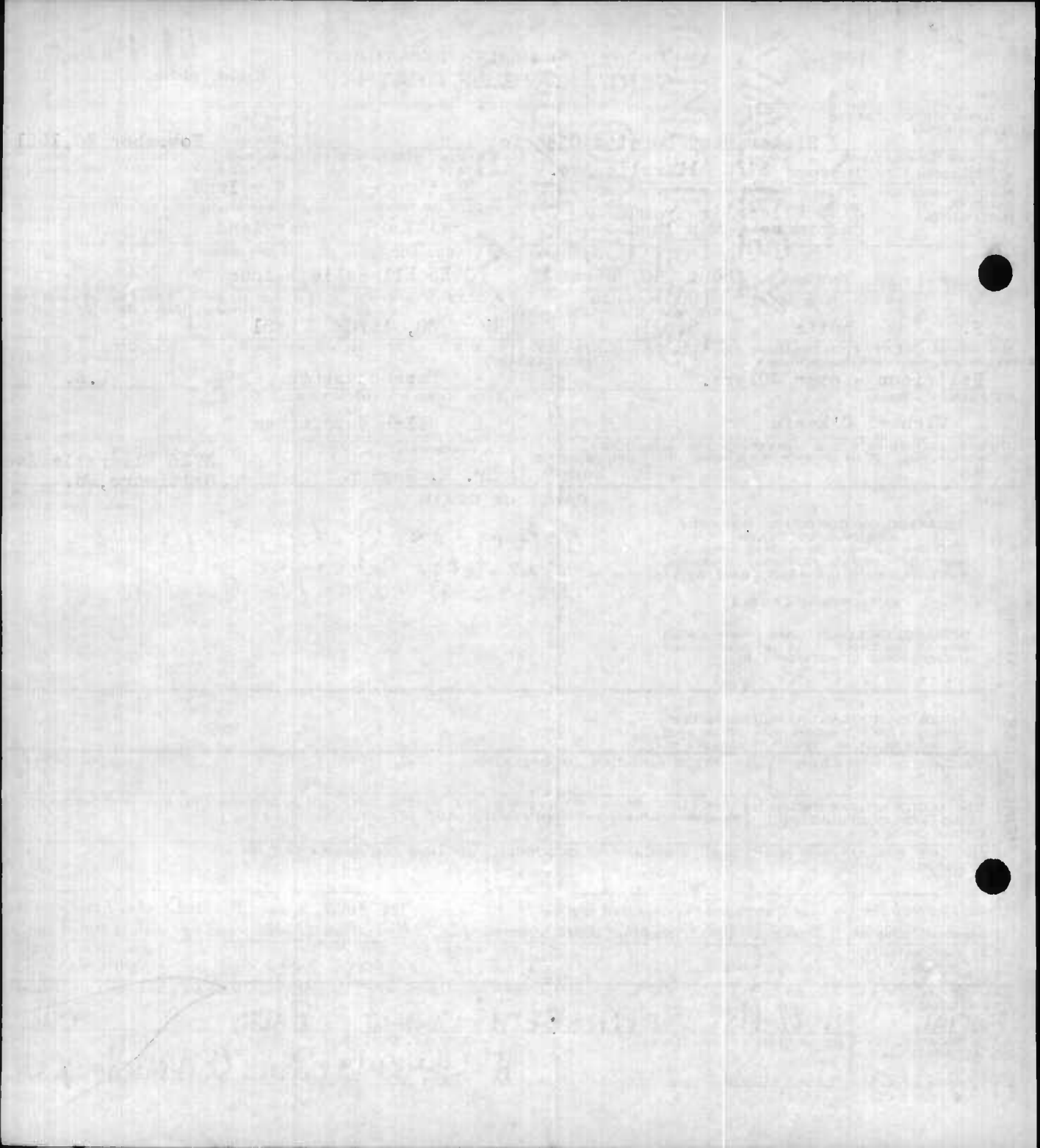
ADDRESS

NOV 21 1951

H. W. JENKINS & SONS Co. 4905 YORK RD.

VS-150

937



452 51 10064

51 10064

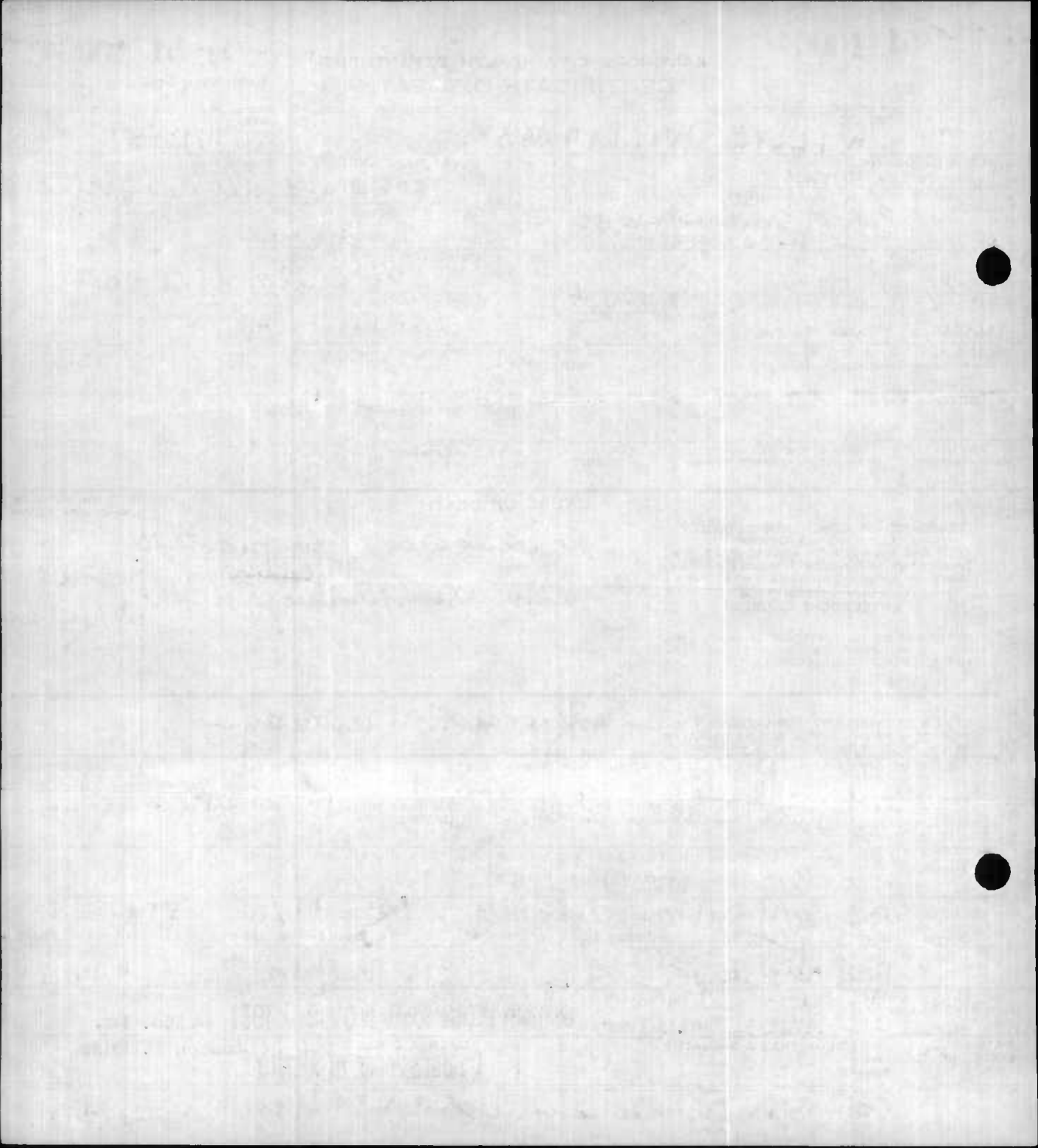
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) WILLIE WILLIAMS		2. DATE OF DEATH 11/13/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE (806 Duind Hill Ave) B. COUNTY Md	
B. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan home 2741 Carey St.		C. CITY OR TOWN Baltimore 17-01	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 806 Duind Hill Ave	
5. SEX male	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) 1	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 177X I Carcinoma of the prostate gland with extensive metastases DUE TO (A) _____ DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH about 3 1/4 years		19. DATE OF OPERATION	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION Myocardial damage	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from July , 19 51 , to 11/10 , 19 51 , that I last saw the deceased alive on 11/10 , 19 51 , and that death occurred at 11/10 , 19 51 , from the causes and on the date stated above.	
23A. SIGNATURE Redaunsky		23B. ADDRESS 312 Broome Lane	
23C. DATE SIGNED 11/14/51		24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	
24B. DATE 11/21/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) BALTO. MD.		25. FUNERAL DIRECTOR Commissioner of Health	
25. FUNERAL DIRECTOR Joseph L. Hess		26. ADDRESS 5113	

MEDICAL CERTIFICATION

other information not available. Redaunsky, M.D.



425
51 19065BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 19065
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles D. Nelson

2. DATE
OF
DEATH

Nov. 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1514 Division St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

40 years

5. SEX

M.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

May 10, 1886

9. AGE (In years
last birthday)

65

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Richmond, Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Minerva Nelson, Virginia

17. INFORMANT

ADDRESS

Annie D. Nelson, wife, 2136 Druid Hill Ave

18. 434.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chr. Cong. Heart Failure

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10:19. 1951, to 11:19. 1951, that I last saw the
deceased alive on 11:19. 1951, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Leonard H. H.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

11.20.51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

Nov. 23, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John M. Johnson, 1700 Druid Hill Ave

VS 150

5906E

83a

MEDICAL CERTIFICATION

REPORT OF THE
COMMISSIONER OF THE
LAND OFFICE



51 19066

HARTFIELD

51 19066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kenneth Hartfield

2. DATE
OF
DEATH

November 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1119 Lafayette Ave. W

c. Length of stay in Baltimore

17 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

2-5-02

9. AGE (In years,
last birthday) If Under 1 Year If Under 24 Hours

49 Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Durham N.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard Hartfield

14. MOTHER'S MAIDEN NAME

Laveria Streeter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-09-9418

17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

18. 434.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Cor pulmonale

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1951, to 11-20, 1951, that I last saw the
deceased alive on 11-20, 1951, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

John Collinsworth

M. D.

23B. ADDRESS: JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-20-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 23-51

24C. NAME OF CEMETERY OR CREMATORY

Catholics Memorial Park

24D. LOCATION (City, town, or county)

Balt.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1951

Samuel W. Sullivan

VS 150

94055 1011 N. Arlington Ave 95c

MEDICAL CERTIFICATION

15627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10067

1. NAME OF DECEASED (Type or Print) <u>John Zonaras</u>		2. DATE OF DEATH <u>Nov 19, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Acc Room</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>26-05</u>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
D. STREET ADDRESS (If rural, give location) <u>3431 June Way</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>65</u>	
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) <u>Greece</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Zonaras</u>		14. MOTHER'S MAIDEN NAME <u>Kyriakoula</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>		ADDRESS	

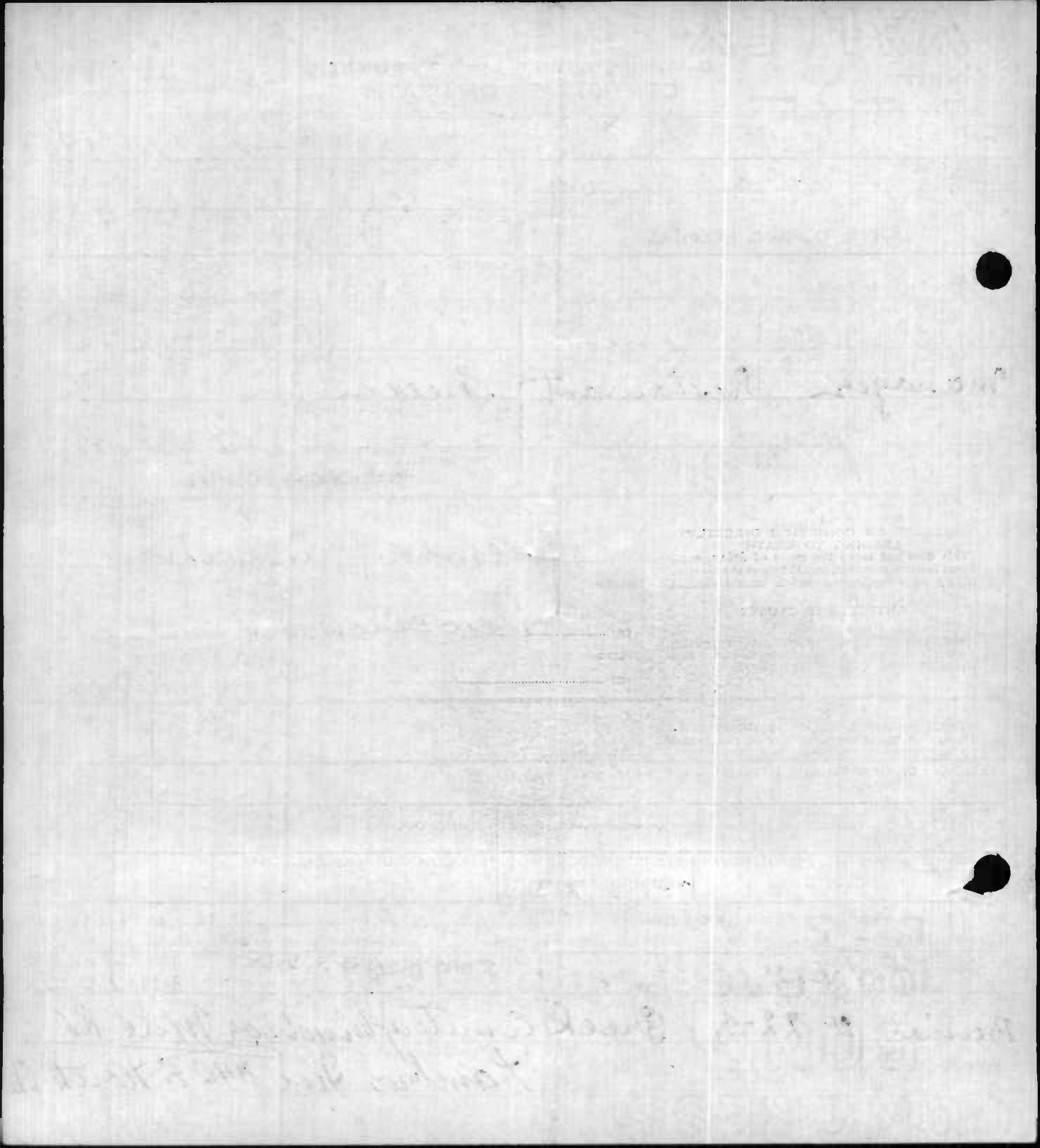
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cornary infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (A)		
DUE TO (B) <u>Arteriosclerosis</u>		
DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov 11-19, 1951, to Nov 19, 1951, that I last saw the deceased alive on Nov 19, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE <u>Ed. Wing Jr</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>11-20-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>11-22-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Greek Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>Windsor Mill Rd</u>		24E. FUNERAL DIRECTOR <u>Lambros Inc</u>		24F. ADDRESS <u>440 E. North Ave</u>	

DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1951



452
11-10068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10068

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles T. Rollins

2. DATE
OF
DEATH

November 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE Maryland COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE Sinai Hospital of Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

720 N. Broadway

Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1893

9. AGE (In years last birthday)

58

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Orderly

10B. KIND OF BUSINESS OR INDUSTRY

Sinai Hospital

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Rollins

14. MOTHER'S MAIDEN NAME

Margaret Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Mrs. Violet Gratz, 3700 Tenth St.

18.

151X

CAUSE OF DEATH

Brooklyn, Md.

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Gastric carcinoma

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Oct. 26, 1951

19B. MAJOR FINDINGS OF OPERATION

Gastric carcinoma

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 26, 1951, to Nov. 19, 1951, that I last saw the deceased alive on Nov. 17, 1951 and that death occurred at 10:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Myron Fine

23B. ADDRESS

M. D. Sinai Hospital, Baltimore

23C. DATE SIGNED

Nov. 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 23/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

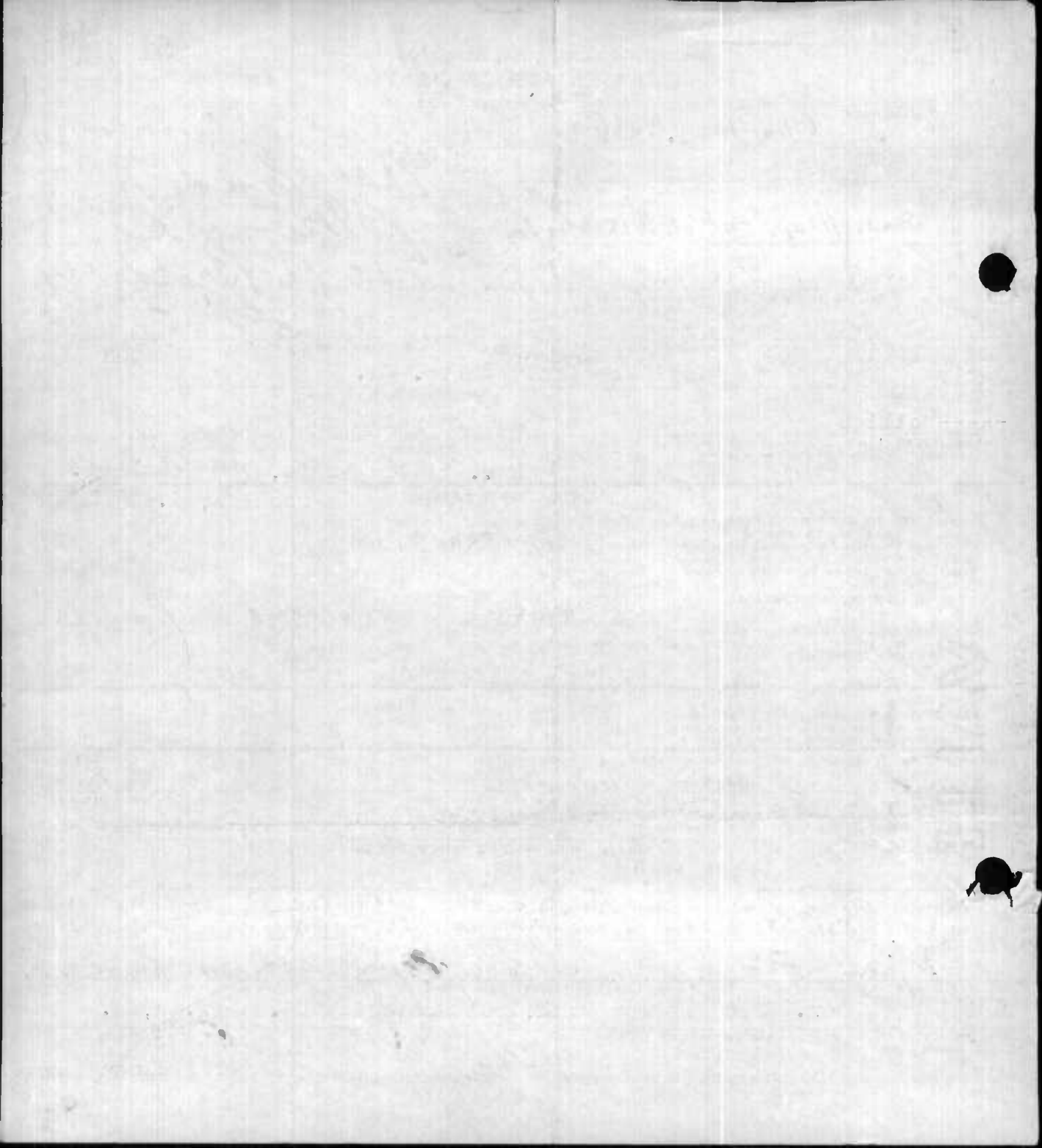
25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1951

Harry H. Witzler

4101 Edmondson Ave



243
51 10069BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10069
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Eli Mc. Cloud</i>		2. DATE OF DEATH <i>11/20/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Good Samaritan home</i>		C. CITY OR TOWN (If outside corporate limits, write full name of city and give township) <i>Balto 1303</i>	
5. LENGTH OF STAY IN BALTIMORE <i>?</i>		D. STREET ADDRESS (If rural, give location) <i>2424 Druid Hill Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>July 4, 1884</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		9. AGE (in years, last birthday) <i>67</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <i>?</i>		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME <i>?</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Bertha Cole</i>	
18. <i>450.0</i>		ADDRESS <i>2224 Hill Ave</i>	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) *Advanced generalized arteriosclerosis*
DUE TO*many years*

ANTECEDENT CAUSES

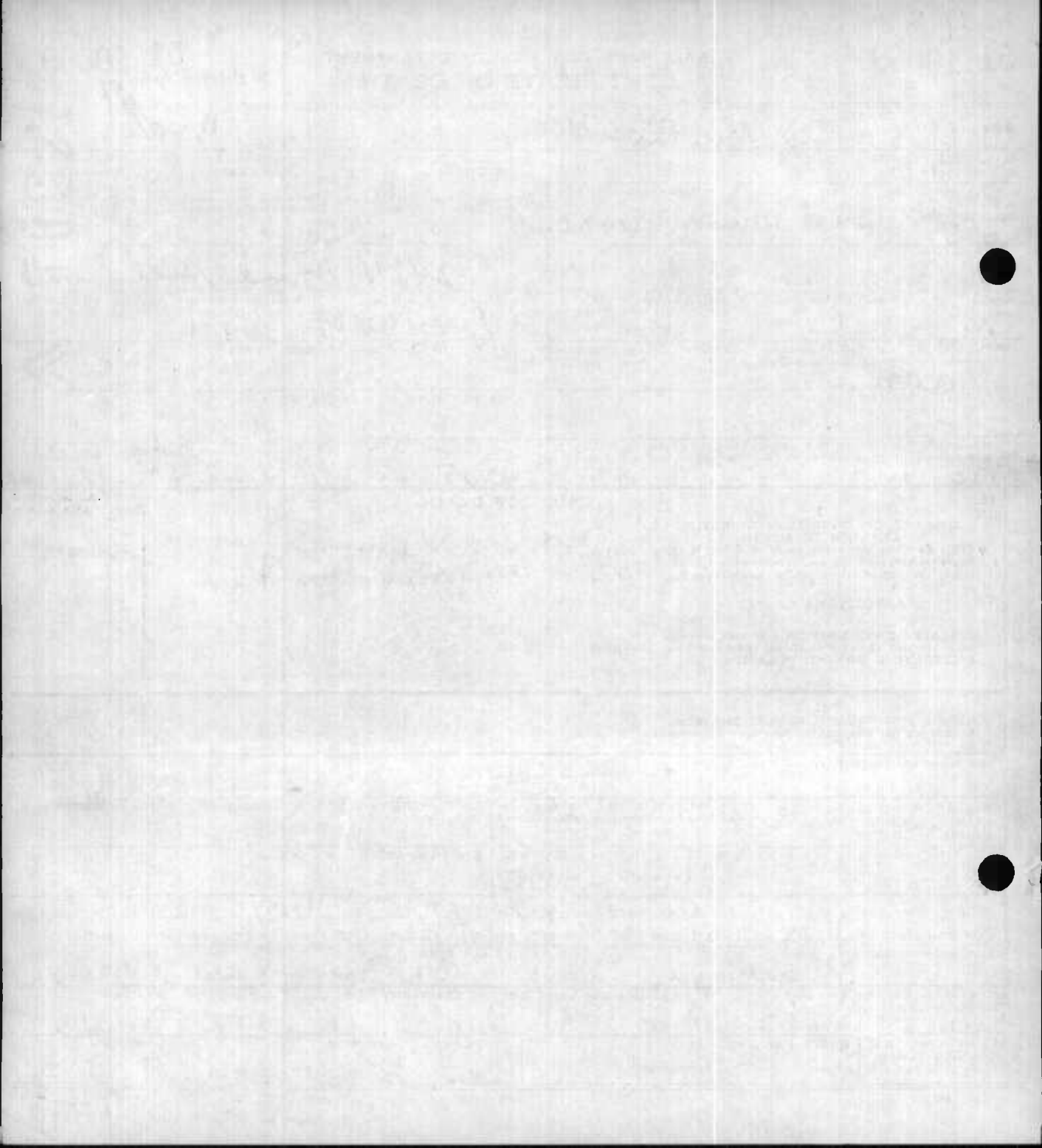
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>for the past 3 mos</i> 19 <i>11/14/</i> , to <i>11/14/</i> , 1951, that I last saw the deceased alive on <i>11/14/</i> , 1951, and that death occurred at <i>7:15 a.m.</i> , from the causes and on the date stated above.					

23A. SIGNATURE *R. W. Taubert* M. D. 23B. ADDRESS *912 Brook Lane* 23C. DATE SIGNED *11/20/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/23/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto - Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1951</i>		REGISTRAR'S SIGNATURE <i>for Williams</i>		25. FUNERAL DIRECTOR <i>Geo. B. Kilson</i>		ADDRESS <i>1303 Presstman St 97</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10070
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LOUISE TAYLOR		November 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		A. STATE Maryland	
South Baltimore General Hospital		B. COUNTY	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Baltimore	
		D. STREET ADDRESS (If rural, give location)	
		435 S. Paca Street	

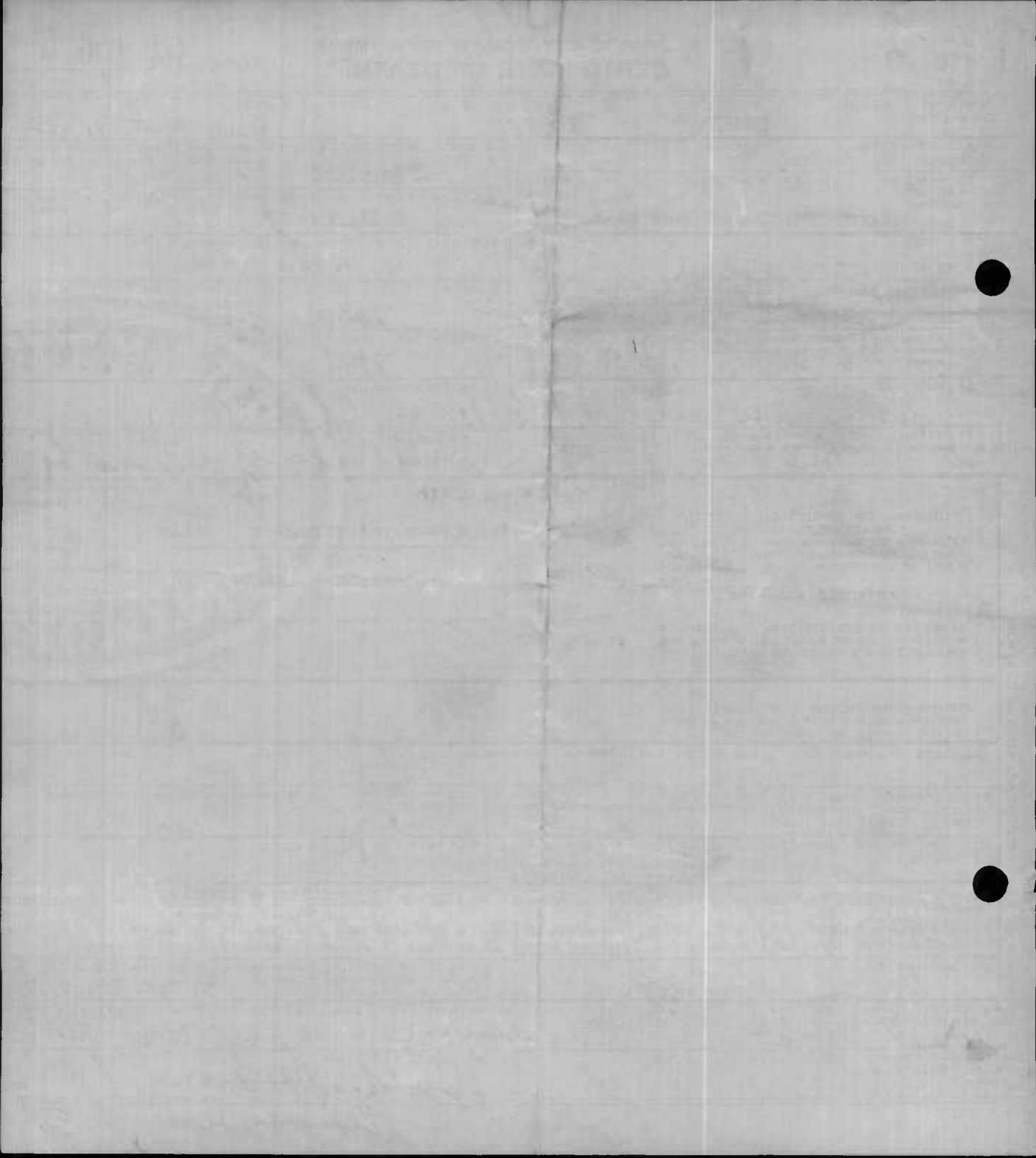
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-?-1895	9. AGE (In years last birthday) 36	10. Under 1 Year Months: Days:	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
Domestic			Factory		U.S.A.	
13. FATHER'S NAME Frank Horsey			14. MOTHER'S MAIDEN NAME Mary Clark			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.			
no			17. INFORMANT James Leary - Paca st.			

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH Hypertensive cardiovascular disease (A) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William A. Jackson	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED Nov. 20, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-24-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	24E. FUNERAL DIRECTOR Wm. A. Jackson	24F. ADDRESS 91
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1951	REGISTRAR'S SIGNATURE	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10071**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE M. WASHINGTON

2. DATE OF DEATH **Nov. 20, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY **Anne Arundel**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Eastport

D. STREET ADDRESS (If rural, give location)
1011 Monroe Street

Length of stay in Baltimore **1** Yrs. Mo. Days

5. SEX **Male**

6. COLOR OR RACE **White**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH **April 12, 1921**

9. AGE (in years last birthday) **26** If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
carpenter

10B. KIND OF BUSINESS OR INDUSTRY
Building

11. BIRTHPLACE (State or foreign country)
Winston Salem, North Carolina

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13. FATHER'S NAME
Clarence M. Washington Sr.

14. MOTHER'S MAIDEN NAME
Naomi Beck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
yes U.S.A. 11

16. SOCIAL SECURITY NO.
242-05-0937

17. INFORMANT **1011** ADDRESS **1011 Monroe St. Eastport, Md.**

18. **E976X I** CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Bullet wound of head**

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1011 Monroe St.-Eastport, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Nov. 19, 1951 12:00noon

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Nov. 21, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
11-24/51

24C. NAME OF CEMETERY OR CREMATORY
Glen Haven Cemetery

24D. LOCATION (City, town, or county) (State)
Glen Burnie

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

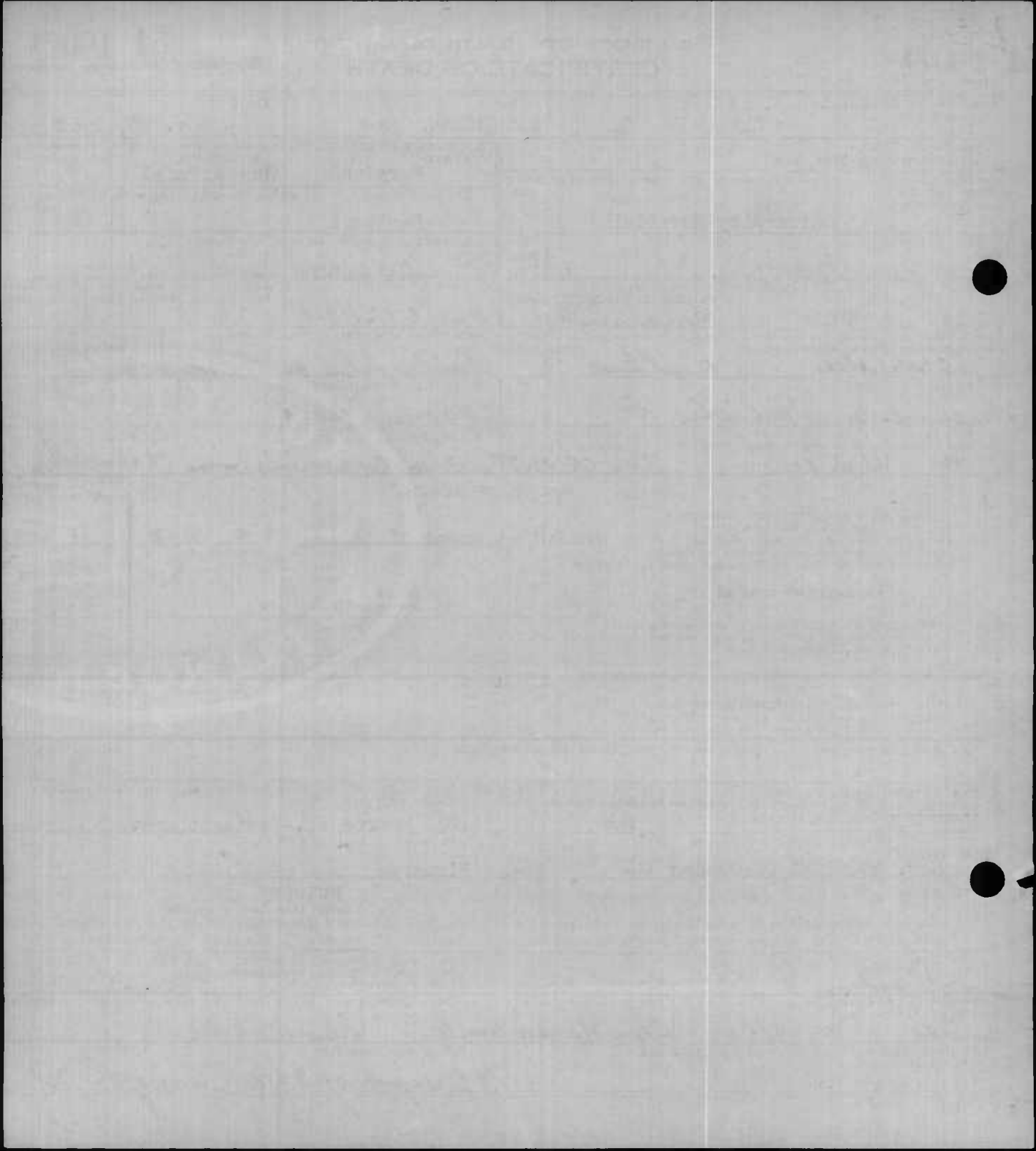
ADDRESS

NOV 21 1951
VS 151

N-8524

51024

164c



140
51 19072BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 10072

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. May Gertrude Beville</i>			2. DATE OF DEATH <i>Nov. 21, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>New Jersey</i> B. COUNTY <i>V-27</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Atlantic City</i>		
D. Length of stay in Baltimore Yrs. Mos. Days			E. STREET ADDRESS (If rural, give location) <i>328 Pacific Ave.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Nov. 4, 1874</i>	9. AGE (In years last birthday) <i>77</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Camden New Jersey</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Carl K. Beville, 219 Garden Ridge Rd</i>			ADDRESS		

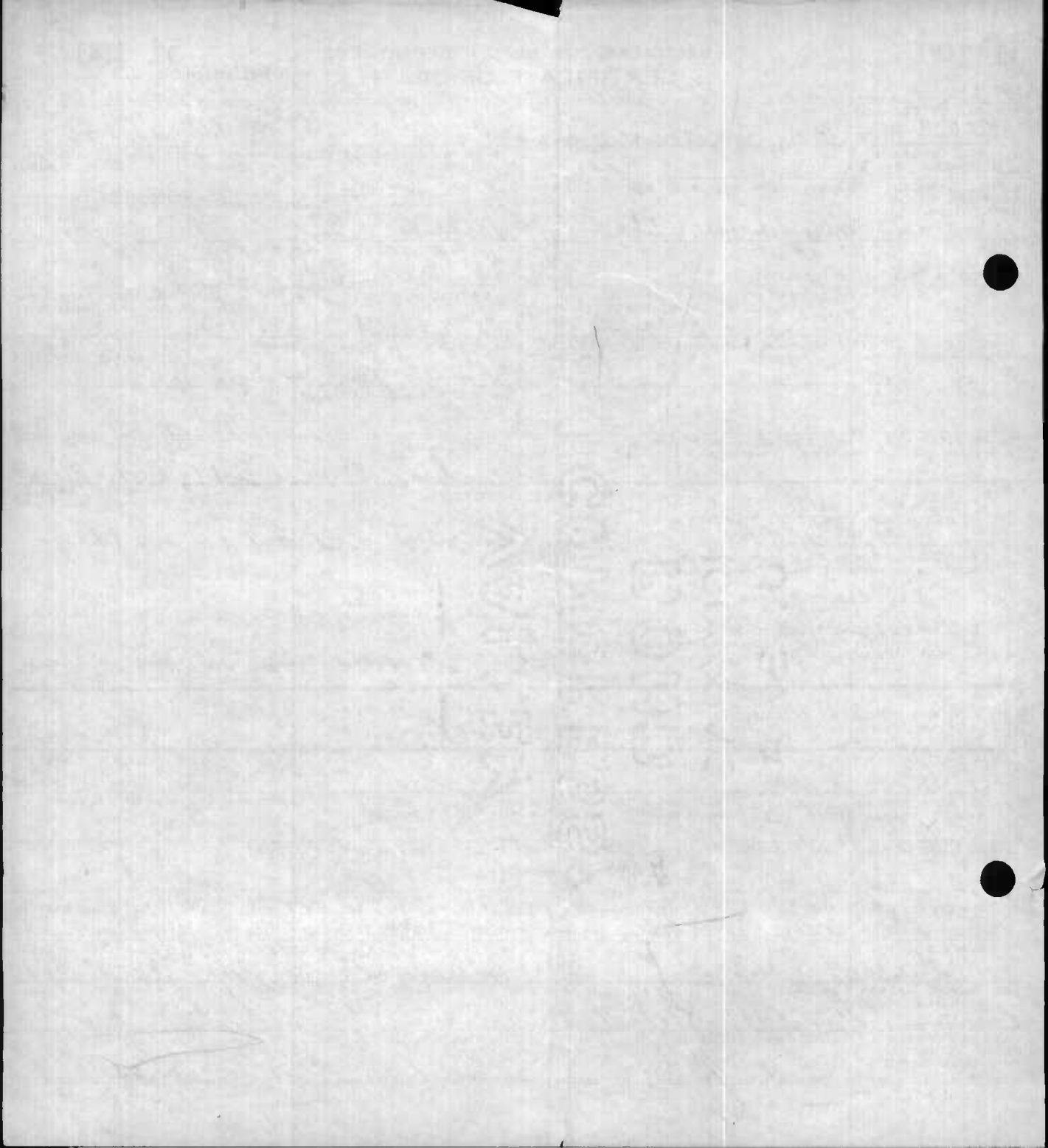
18. <i>443X</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebrovascular accident</i>	<i>1 day</i>
DUE TO		(B) <i>Generalized arteriosclerosis</i>	<i>2 years</i>
DUE TO		(C) <i>Hypertensive Cardiovascular disease</i>	<i>2 years</i>
ANTECEDENT CAUSES		(D) <i>Obesity</i>	<i>2 years</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 18*, 1951, to *Nov 21*, 1951, that I last saw the deceased alive on *Nov 21*, 1951, and that death occurred at *12:05 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Alfred S. Nelson</i>	23B. ADDRESS <i>Union Memorial Hosp. Baltimore, Maryland</i>	23C. DATE SIGNED <i>Nov 21, 1951</i>
---	---	---

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>Nov. 24, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Westminster</i>	24D. LOCATION (City, town, or county) (State) <i>Philadelphia, Pa.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1951</i>	REGISTRAR'S SIGNATURE <i>Frederick M. Cole</i>	25. FUNERAL DIRECTOR <i>Frederick M. Cole</i>	ADDRESS



620
51 19073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 19073

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Perce</i>			2. DATE OF DEATH <i>11-19-57</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>University</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>4-03</i>		
Length of stay in Baltimore <i>48</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>771 N. Sargotta</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Dec. 5, 1902</i>	9. AGE (in years last birthday) <i>48</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>own General</i>	11. BIRTHPLACE (State or foreign country) <i>Fayetteville N.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Cliff Perce</i>			14. MOTHER'S MAIDEN NAME <i>Josephine Perce</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Bessie Perce 771 N. Sargotta</i>		

1B. <i>420.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Ventricular Tachycardia</i> DUE TO (B) <i>Chronic myocardial damage &</i> DUE TO <i>Coronary Stenosis - generalized atherosclerosis</i> (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-19</i> , 19 <i>57</i> , to <i>11-19</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>11-19</i> , 19 <i>57</i> , and that death occurred at <i>9:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. J. Brogan</i> M. D.		23B. ADDRESS <i>University</i>		23C. DATE SIGNED <i>11-19-57</i>	

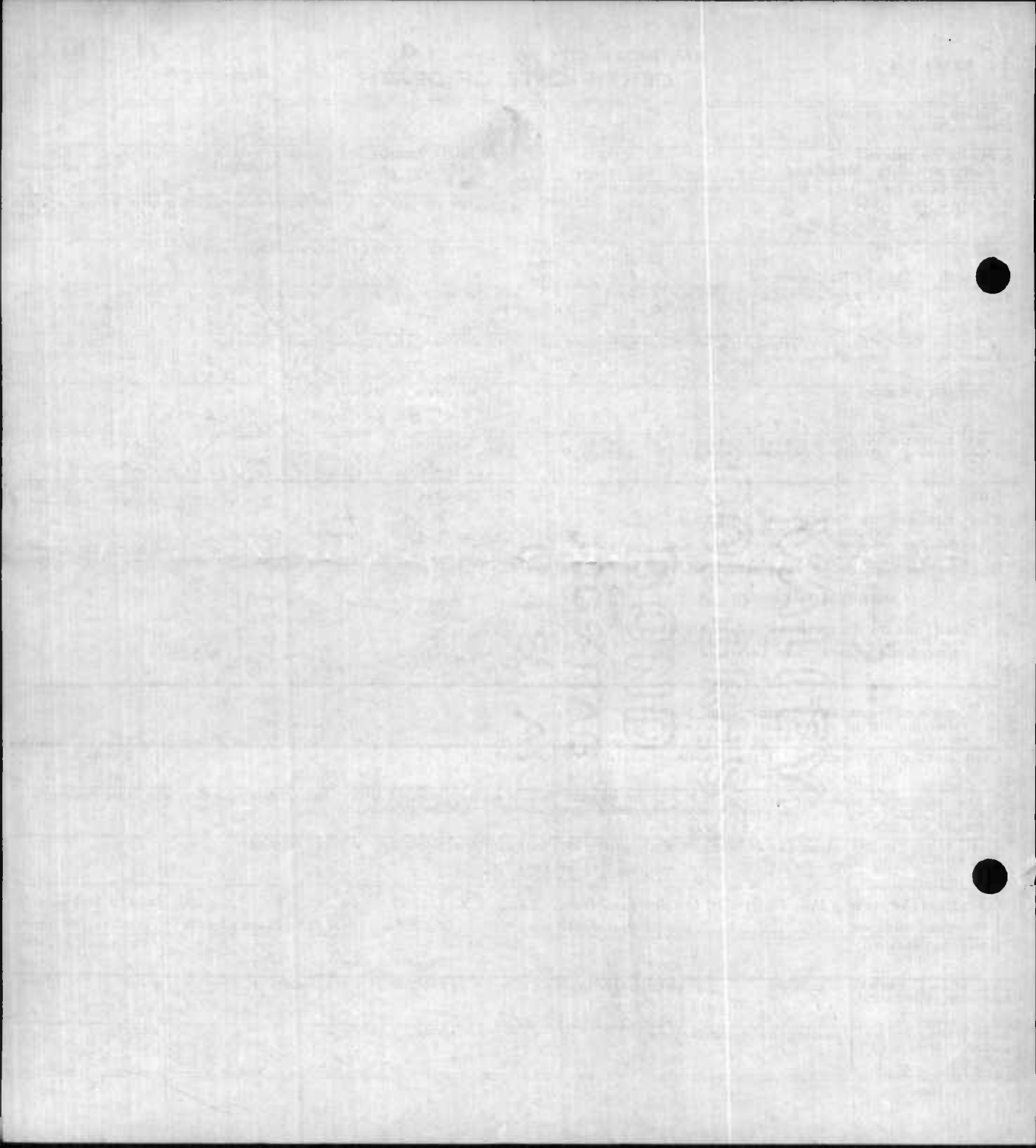
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-25-57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Beverly Park</i>	24D. LOCATION (City, town, or county) (State) <i>Fayetteville N.C.</i>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>W. J. Williams</i>	25. FUNERAL DIRECTOR ADDRESS <i>Ernest W. Wilson 1000 Brantley</i>

NOV 21 1957

VS 150

97099

94a



400
51 10074BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10074
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HANNE T RILEY

2. DATE
OF
DEATH

NOV 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

2200 HARTFORD RD

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

July 26, 1887

9. AGE (in years
last birthday)

77

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

DRY GOODS

11. BIRTHPLACE (State or foreign country)

BALTO

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

PETER RILEY

14. MOTHER'S MAIDEN NAME

MARGARET MURPHY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ROSE RILEY 2200 HARTFORD RD

ADDRESS

18. 592X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Uremia

Broncho Pneumonia

5 days

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

arterio Sclerosis & Hypertension

14 days

(C)

Chronic Interstitial Nephritis

14 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

m.

WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1951, to Nov 19, 1951, that I last saw the deceased alive on Nov 18, 1951, and that death occurred at 7:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas P. A. Thomas

M. D.

23B. ADDRESS

2878 Hartford Rd

23C. DATE SIGNED

11-20-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11/22/51

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTO

MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

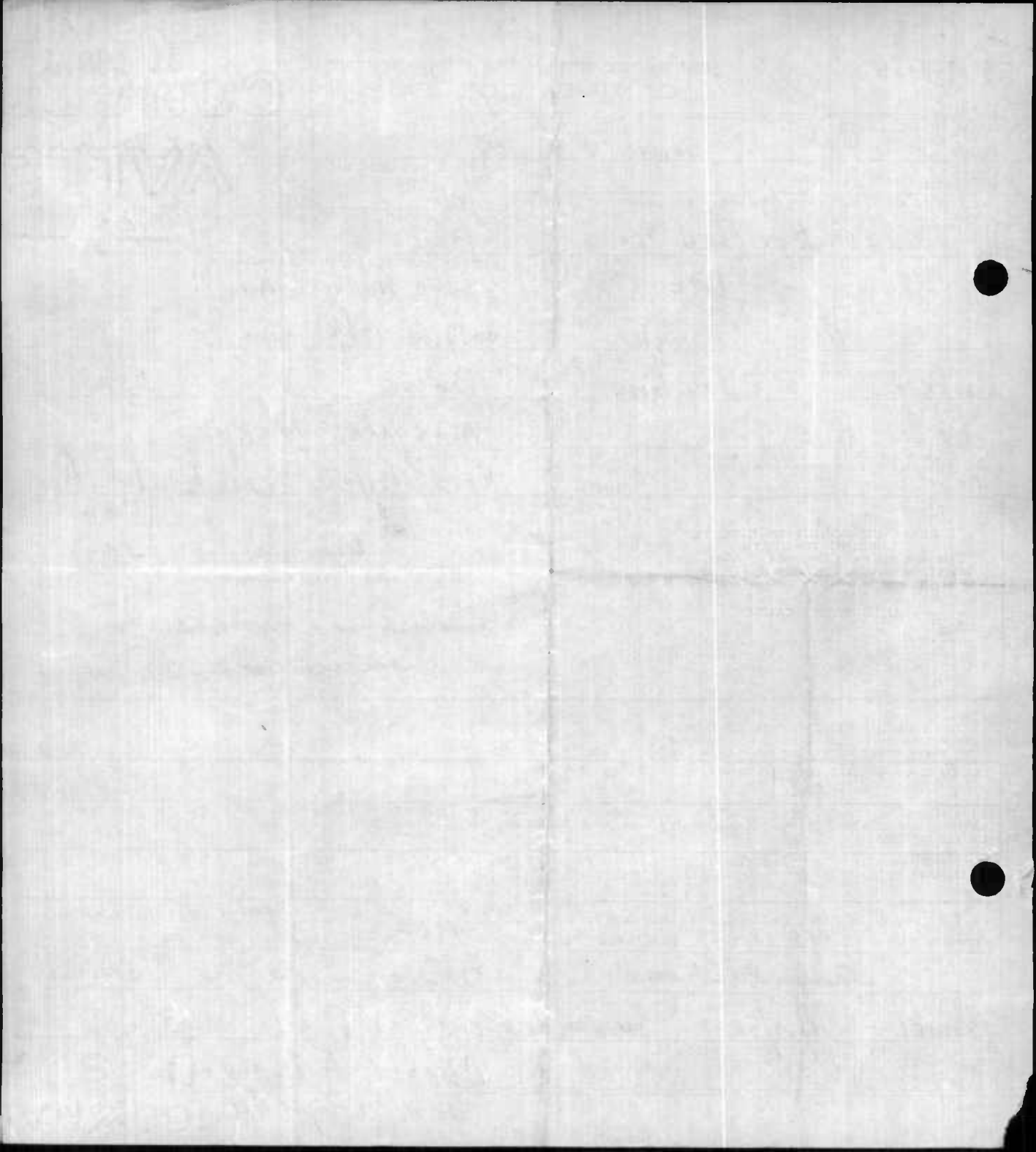
NOV 21 1951

CHARLES F. EVANS & SON

VS 150

118 W. Mt. Royal Ave.

131a



520
51 10075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10075

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Francis Panis

2. DATE
OF
DEATH

November 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1420 Darley Avenue

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Dec. 22, 1885

9. AGE (in years last birthday)

65

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Huckster

10B. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Panis

14. MOTHER'S MAIDEN NAME

Rosalie Kratz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Mary F. Panis, 1420 Darley Avenue

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) ...
DUE TO ...
(B) ...
DUE TO ...
(C) ...

Coronary Thrombosis

Hypertensive Cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1951 to 11/19/51, that I last saw the deceased alive on 11/15/51, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

11/23/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

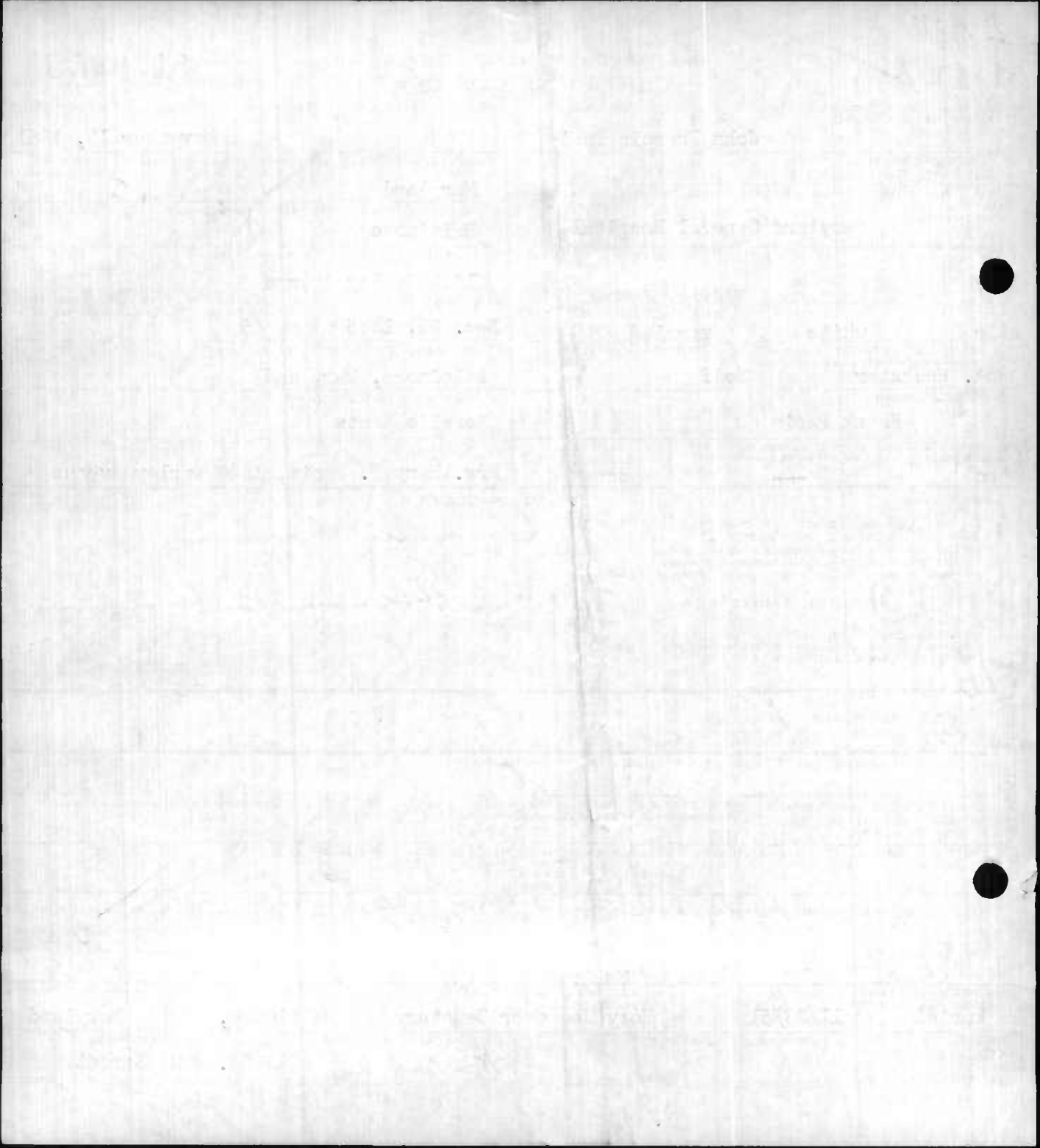
25. FUNERAL DIRECTOR

ADDRESS

NOV 21 1951

Wm. Cook, Inc.,

1217 St. Paul Street



CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10076
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS J. CULLEN		2. DATE OF DEATH Nov. 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY New Jersey	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Gloucester	
D. STREET ADDRESS (If rural, give location) 319 Market Street		5. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb. 7, 1882	9. AGE (In years last birthday) 69 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas J. Cullen		14. MOTHER'S MAIDEN NAME Mary Mullholand	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. George Stoll, 432 Middlesex St. Gloucester, N. J.	

18. 341X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHIAL ASTHMA (A) BRONCHIAL ASTHMA DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

2. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Stanley S. Dunlacher</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED Nov. 19, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/24/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1951	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS Wm. Corb. Inc., 1217 St. Paul Street		

MU 8080

452
1 10077

Certificate Corrected 11/29/51 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10077
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SAMUEL COLLINS		2. DATE OF DEATH 11/19/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 323 n. mount st		C. CITY OR TOWN (If outside corporate limits, write R.R. L. and give township) Balto 19-01			
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 323 n. mount st			
5. SEX m	6. COLOR OR RACE c	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH 8/1/1889	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Collins		14. MOTHER'S MAIDEN NAME Bellian Barber ✓			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 217-09-7446	17. INFORMANT ADDRESS 323 Lula Collins n. mount st		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 163X		CAUSE OF DEATH (A) Pleurisy with Effusions DUE TO (B) Non tuberculous, suspected malignancy DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 yrs (over)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/15/51 , 1951, to Nov 19 , 1951, that I last saw the deceased alive on Nov 19 , 1951, and that death occurred at 11 A m. , from the causes and on the date stated above.					
23A. SIGNATURE Douglas Shepperd		23B. ADDRESS 604 n. Fulton ave		23C. DATE SIGNED 11/21/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/23/51		24C. NAME OF CEMETERY OR CREMATORY Arboretus	
24D. LOCATION (City, town, or county) Arboretus md		25. FUNERAL DIRECTOR Reg. H. Kelson ADDRESS 1303			
DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1951		VS 150 97099 Presbiterian 422 St			

MEDICAL CERTIFICATION

Dr. Silverman, Director of the Bureau of TBC
Memorandum in Document File 51-10077

11/29/51

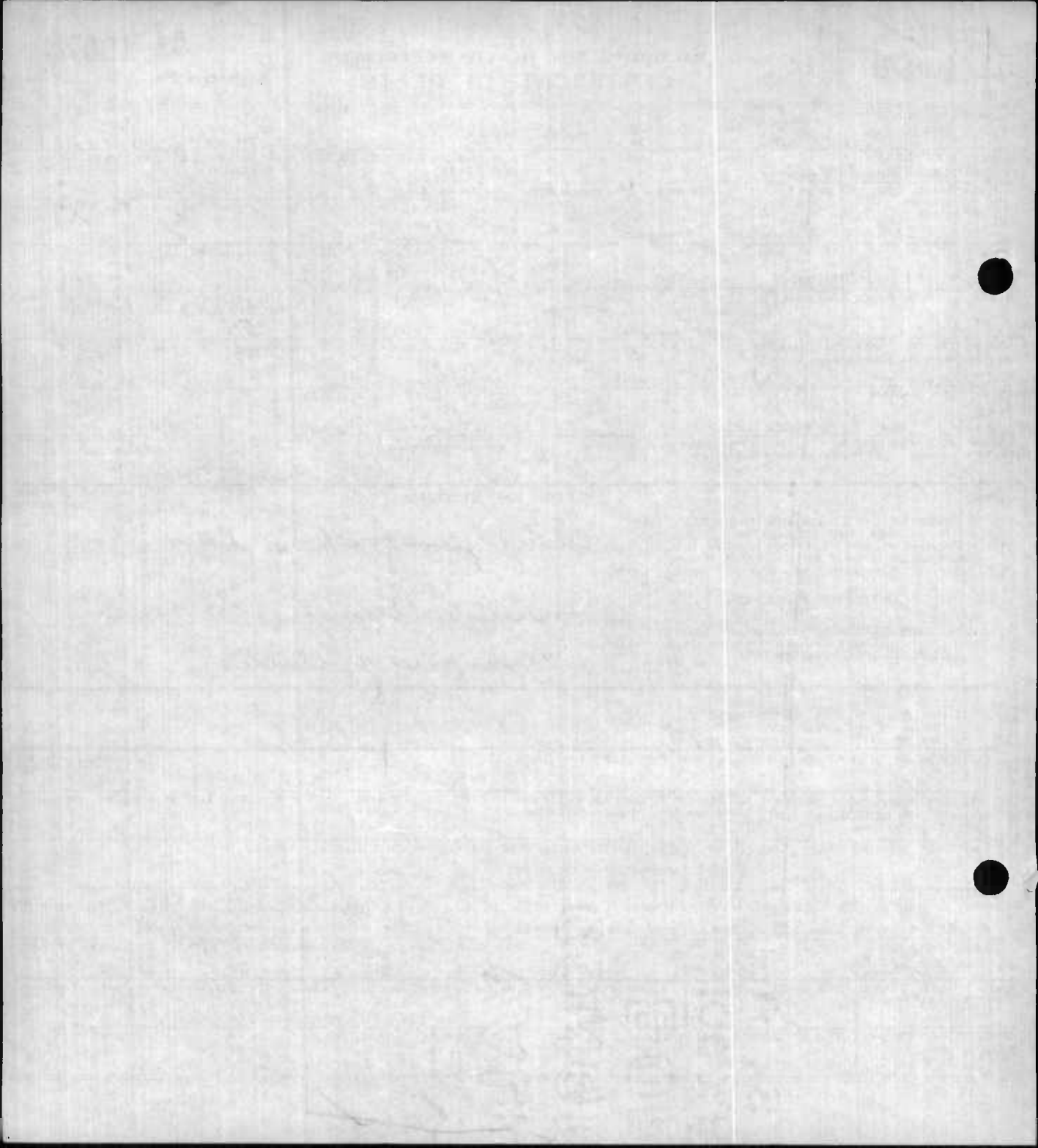
ES

152
51 10078BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10078

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Mrs. Ruth Davis Gibbons</i>	
2. DATE OF DEATH <i>Nov. 20, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Union Memorial Hospital</i>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>3404 St. Paul St.</i>	
5. SEX <i>F</i>	
6. COLOR OR RACE <i>W</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	
8. DATE OF BIRTH <i>Sept 11, 1892</i>	
9. AGE (In years last birthday) <i>59</i>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>saleslady</i>	
11. BIRTHPLACE (State or foreign country) <i>Illinois</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Mr. Ira Anderson</i>	
14. MOTHER'S MAIDEN NAME <i>Olivia Fox</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS <i>Miss Gloria Gibbons 3404 St Paul</i>	
18. <i>181X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Bilateral hydronephrosis and pyelonephrosis</i> DUE TO (B) <i>metastatic carcinoma</i> (C) <i>carcinoma of bladder</i> INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i> <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>✓</i>	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 16</i> , 1951, to <i>Nov 20</i> , 1951, that I last saw the deceased alive on <i>Nov 20</i> , 1951, and that death occurred at <i>8:40 A.M.</i> from the causes and on the date stated above.	
23A. SIGNATURE <i>Alfred S. Nelson</i>	
23B. ADDRESS <i>Union Memorial Hospital</i>	
23C. DATE SIGNED <i>Nov 20 1951</i>	
24A. BURIAL CREMATION, REMOVAL (Specify) <i>burial</i>	
24B. DATE <i>11/23/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Green Mt.</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
OATE RECEIVED BY LOCAL REGISTRAR <i>NOV 21 1951</i>	
REGISTRAR'S SIGNATURE <i>William H. Williams</i>	
25. FUNERAL DIRECTOR <i>Leonard J. Puck</i>	
ADDRESS <i>5305 Hayford Rd</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 100/9
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK HEINBUCH		2. DATE OF DEATH 11-20-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-06	
D. STREET ADDRESS (If rural, give location) 2800 Evergreen Avenue		5. SEX male	
6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH July 4-1868		9. AGE (in years last birthday) 83	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10B. KIND OF BUSINESS OR INDUSTRY U.S.N.	
11. BIRTHPLACE (State or foreign country) Annapolis Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Frederick Heinbuch		14. MOTHER'S MAIDEN NAME Elizabeth Beck	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Margaret Dunn		ADDRESS 3000 E. Joppa Rd	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Central Vascular Circulation DUE TO urine		INTERVAL BETWEEN ONSET AND DEATH 10 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Chronic sclerotic - Hypertension DUE TO Coronary vascular disease		(C)	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-10-51**, 19__, to **11-20-51**, 19__, that I last saw the deceased alive on **11-20-51**, 19__, and that death occurred at **8:00** m., from the causes and on the date stated above.

23A. SIGNATURE Henry D. Perry Jr.		23B. ADDRESS University Hospital		23C. DATE SIGNED 11-20-51	
---	--	--	--	-------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-23-51		24C. NAME OF CEMETERY OR CREMATOR Parkwood		24D. LOCATION (City, town, or county) (State) Balto Md	
--	--	------------------------------	--	--	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR NOV 21 1951		REGISTRAR'S SIGNATURE L. J. Luck		25. FUNERAL DIRECTOR L. J. Luck		ADDRESS 5305 Hayford Rd	
--	--	--	--	---	--	-----------------------------------	--

320
1 19081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10081
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOHN A BETZ SR.		NOV 20 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
2016 E PRATT ST		BALTIMORE	
5. SEX		6. COLOR OR RACE	
MALE	WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH		9. AGE (In years last birthday)	
NOV 17 1883		68	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
CARPENTER		CATON RAILROAD	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
BALTIMORE		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
GEORGE W BETZ		HANNA ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
NO		NONE	
17. INFORMANT		ADDRESS	
DOROTHY LIND		2016 E PRATT ST	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
(A) 140X and 028.2		(A) Carcinoma larynx and tongue	
DUE TO		DUE TO	
(B) Glaucoma b/l eye		(B) Glaucoma b/l eye	
DUE TO		DUE TO	
(C) Latent lenticular infection		(C) Latent lenticular infection	
DUE TO		DUE TO	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
11/21/57		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 15, 1957, to Nov 20, 1957, that I last saw the deceased alive on Nov 20, 1957, and that death occurred at 5:20 p.m., from the causes and on the date stated above.		23A. SIGNATURE	
23B. ADDRESS		23C. DATE SIGNED	
476 S. Patterson St. Apt. 4		11/21/57	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		NOV 23 1951	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
HOLY REDEEMER CH. 4430 BELAIR RD. MD.		BALTIMORE	
25. FUNERAL DIRECTOR		ADDRESS	
Dippel Bros.		1800 E LONGFORD ST.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
NOV 21 1951		[Signature]	

MEDICAL CERTIFICATION

51050

45a

426 S PATT DR AVE

634
51 10082

51 10082

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) PETER-D-BARTEL		2. DATE OF DEATH Nov 19-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto City		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Ind B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2827 Lake Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 8-01	
Length of stay in Baltimore 20 yrs		D. STREET ADDRESS (If rural, give location) 2827 Lake Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 21, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Keeper		10B. KIND OF BUSINESS OR INDUSTRY Grocery	9. AGE (In years last birthday) 75
11. FATHER'S NAME Peter Bartel		12. CITIZEN OF WHAT COUNTRY? Pennsylvania	
13. MOTHER'S NAME Not Known		14. MOTHER'S M maiden name Not Known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Peter W. Bartel		ADDRESS 2827 Lake Ave	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Central Thrombosis (A) _____ DUE TO	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arterio sclerotic heart disease (B) _____ DUE TO	year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June**, 19**48** to **Nov 19**, 19**51**, that I last saw the deceased alive on **Nov 18**, 19**51**, and that death occurred at **3 A** m., from the causes and on the date stated above.

23A. SIGNATURE William L. Jeanes	23B. ADDRESS 3025 Belair Road	23C. DATE SIGNED 11-20-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov 28-51	24C. NAME OF CEMETERY OR CREMATORY Fond on Park	24D. LOCATION (City, town, or county) (State) Balto
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DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1951	REGISTRAR'S SIGNATURE John H. Williams	25. FUNERAL DIRECTOR J. J. Harrington	ADDRESS 3001 Kentucky Ave
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PETER D. CARTER

75000

30 51 10083

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

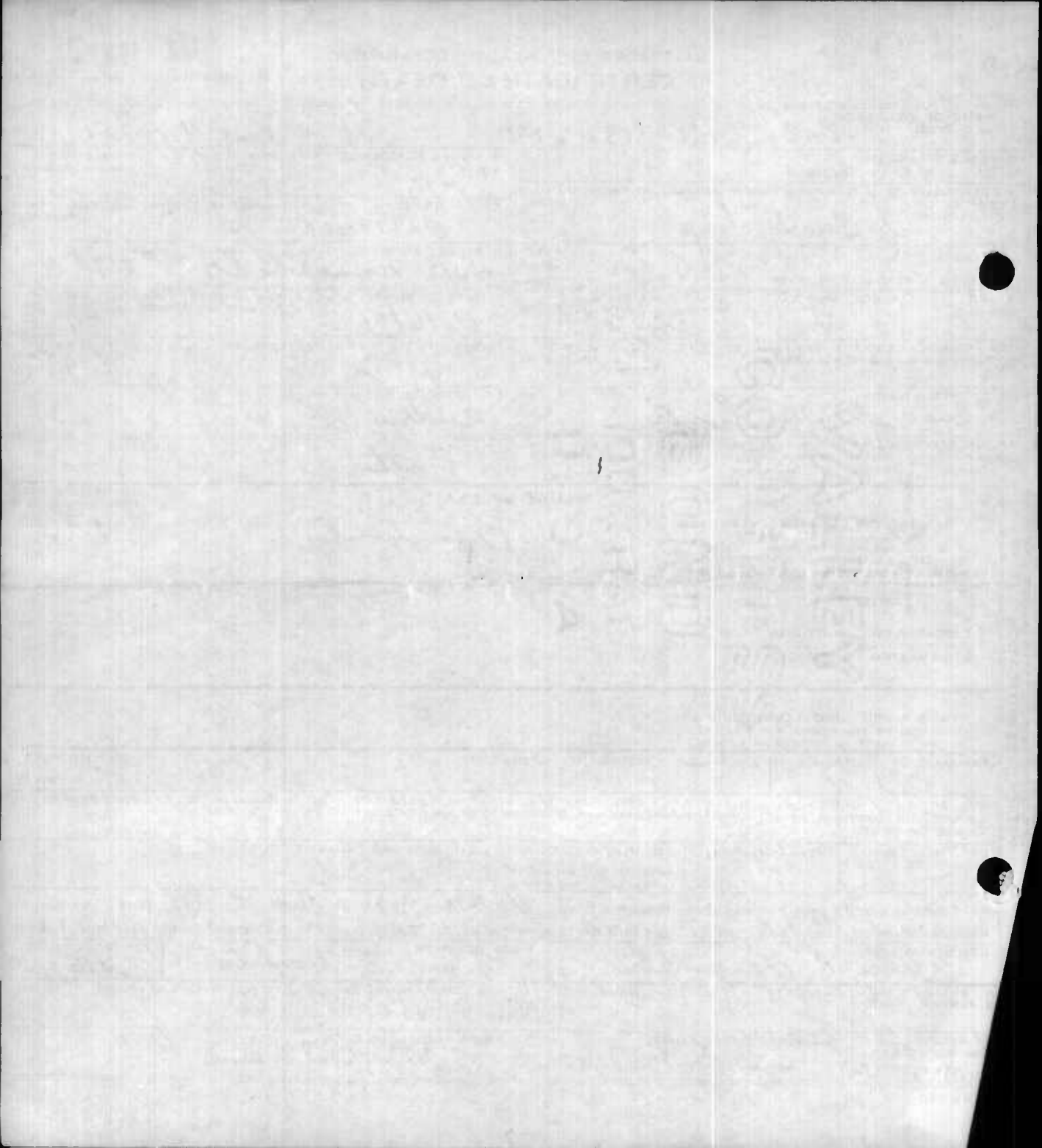
51 10083
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) BABY GIRL SMITH			2. DATE OF DEATH 11/16/51			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore						
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE						
Length of stay in Baltimore 6 hr			D. STREET ADDRESS (If rural, give location) 4017 Annapolis Rd. #27						
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 11/16/51			9. AGE (In years last birthday)		If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) MD		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Harry M. Smith			14. MOTHER'S MAIDEN NAME Audrey L. Ware						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT Father			ADDRESS same

18. 776 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH Prematurity		INTERVAL BETWEEN ONSET AND DEATH 7 hr.
	(A) DUE TO		
	(B) DUE TO		
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 16, 1951 , to Nov. 16, 1951 , that I last saw the deceased alive on Nov. 16, 1951 , and that death occurred at 12:30 PM , from the causes and on the date stated above.					
23A. SIGNATURE Henry E. Langenfelder		23B. ADDRESS University Hospital		23C. DATE SIGNED Nov. 16, 1951	
24A. DATE Nov 22 1951		24B. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL		24C. LOCATION (City, town, or county) (State) NOV 20 1951	
RECEIVED BY REGISTRAR 22 1951		REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR Commissioner of Health	

159



51 10084
426BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10084
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE GLAZEROW

2. DATE
OF
DEATH

Nov. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

2476 Shirley Ave

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mt Carmel Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write full name and give township)

D. STREET ADDRESS (If rural, give location)

1804 Clover Road

Length of stay in Baltimore

35 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years
last birthday)

68

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pearl Glazero. 2616 Quarters

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar Pneumonia

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cerebro Vascular Accident

DUE TO

(C)

Hypertensive Vascular Disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. PLACE OF INJURY (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Nov 8, 1951, to Nov 22, 1951, that I last saw the
deceased alive on Nov 22, 1951, and that death occurred at 1:45 A. M., from the causes and on the date stated above.

Signature of Physician

M. D.

23B. ADDRESS

3600 Park Heights Ave

23C. DATE SIGNED

Nov 22, 1951

REMA-
in (Specify)

24A. DATE

11-22-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county) (State)

Baltimore Md

REGISTRAR'S SIGNATURE

Christina Williams

25. FUNERAL DIRECTOR

Jack Lewis

ADDRESS

2100 Canton Rd

108

ANNIE CLARROW

ANNIE CLARROW

Labat Pneumonia
Cerebro Vascular Accident
Hypertensive Vascular Disease

Went to
April
3000
Hypertensive Vascular Disease

Went to
April
3000
Hypertensive Vascular Disease

321 51 10085

51 10085

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNA WITTCOFF

2. DATE
OF
DEATH

11-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

909 Cooke Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

28-04

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

909 Cooke Lane

E. Length of stay in Baltimore

50 Yrs.
Moor
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months; Days11 Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Gertrude

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edith Ferris - Same

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Decane
Hypertensive Cardiac DiseaseINTERVAL BETWEEN
ONSET AND DEATH

6 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1946 to Mar 22, 1951, that I last saw the
deceased alive on Mar 21, 1951, and that death occurred at 4 PM., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1951

Jack Lewis Jr 2100 Eutan Rd

VALLEY
CONFERENCE

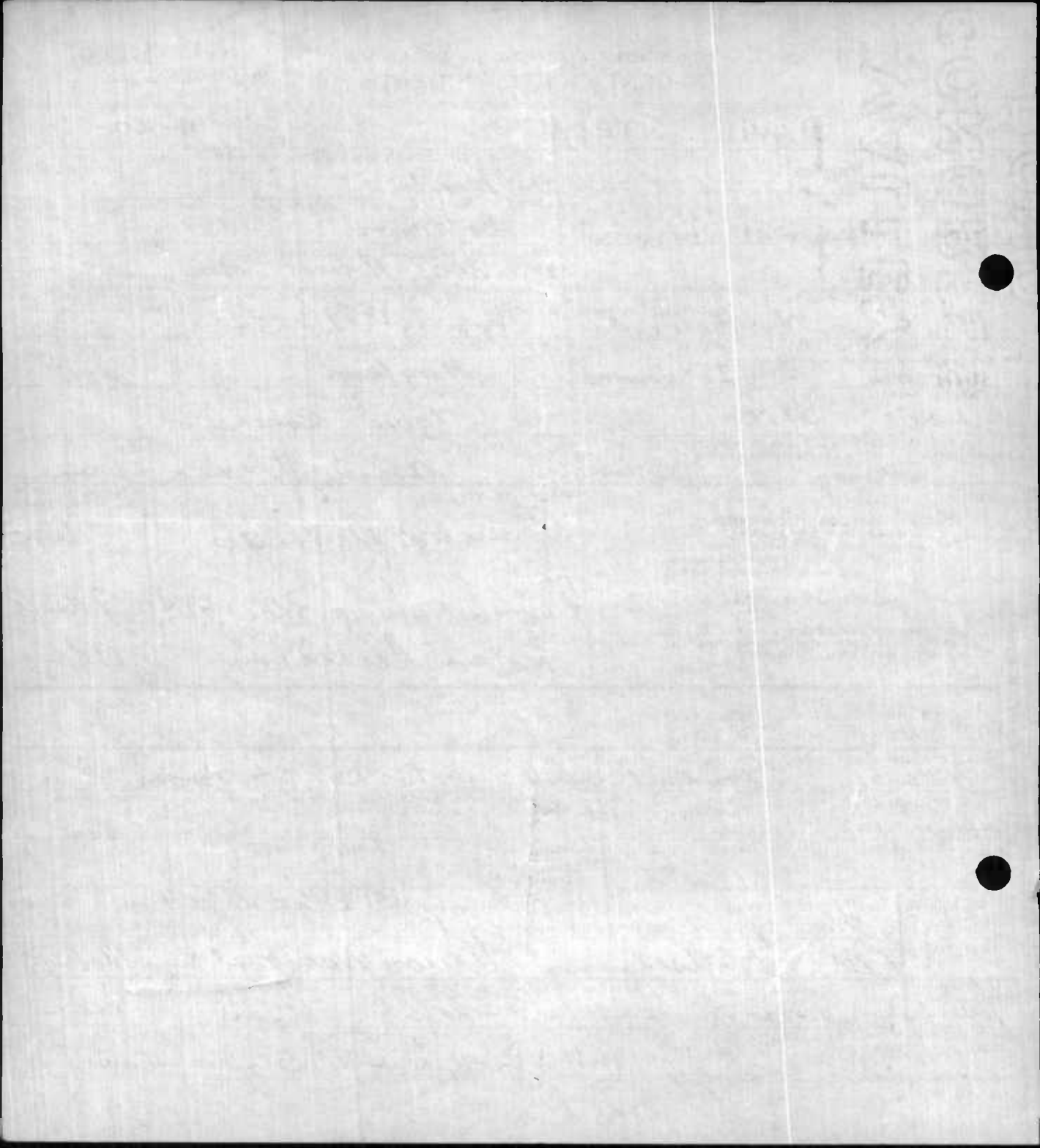
AND
1993-1994

TO 1994

365
51 10086BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10086
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DAVID STERN		2. DATE OF DEATH 11-20-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 13-04	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3401 Holmes Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 9, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10B. KIND OF BUSINESS OR INDUSTRY Insurance	9. AGE (in years last birthday) 54
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Louis Stern		14. MOTHER'S MAIDEN NAME Tobie Cohen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. 212-09-0614	
17. INFORMANT Sarah Stern		ADDRESS same	
18. 541.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Generalize peritonitis		INTERVAL BETWEEN ONSET AND DEATH 7 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Duodenal stump "blow out"		7 days	
(A) DUE TO		Gastric Perforation	
(B) DUE TO		17 days	
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 11-3-51		19B. MAJOR FINDINGS OF OPERATION Duodenal ulcer & perforation into Pancreas	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 26, 1951 to Nov 20, 1951 , that I last saw the deceased alive on Nov 20, 1951 , and that death occurred at 1 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE J. M. Smelser		23B. ADDRESS Union Memorial Hosp	
23C. DATE SIGNED Nov 20/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 10-22-51	
24C. NAME OF CEMETERY OR CREMATORY Sharon T. Felt		24D. LOCATION (City, town or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 22 1951		REGISTRAR'S SIGNATURE Joek Lewis	
25. FUNERAL DIRECTOR Joek Lewis		ADDRESS 2100 Eutaw Pl	



520 51 10087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10087
Registered No.

BIRTH NO. 51-26679

1. NAME OF DECEASED
(Type or Print)

Charles Lee Jones, Jr

2. DATE
OF
DEATH

11-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

16-03

D. STREET ADDRESS (If rural, give location)

1718 W. Lanvale

Length of stay in Baltimore

18 hrs

#10

Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-14-51

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

18

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Lee Jones

14. MOTHER'S MAIDEN NAME

Eloise Brockington

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

See above

CAUSE OF DEATH

18. 776X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Premature (2 lbs)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from "14, 1951 to "15, 1951, that I last saw the
deceased alive on "15, 1951, and that death occurred at 10:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

UNIVERSITY MEDICAL SCHOOL NOV 20 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

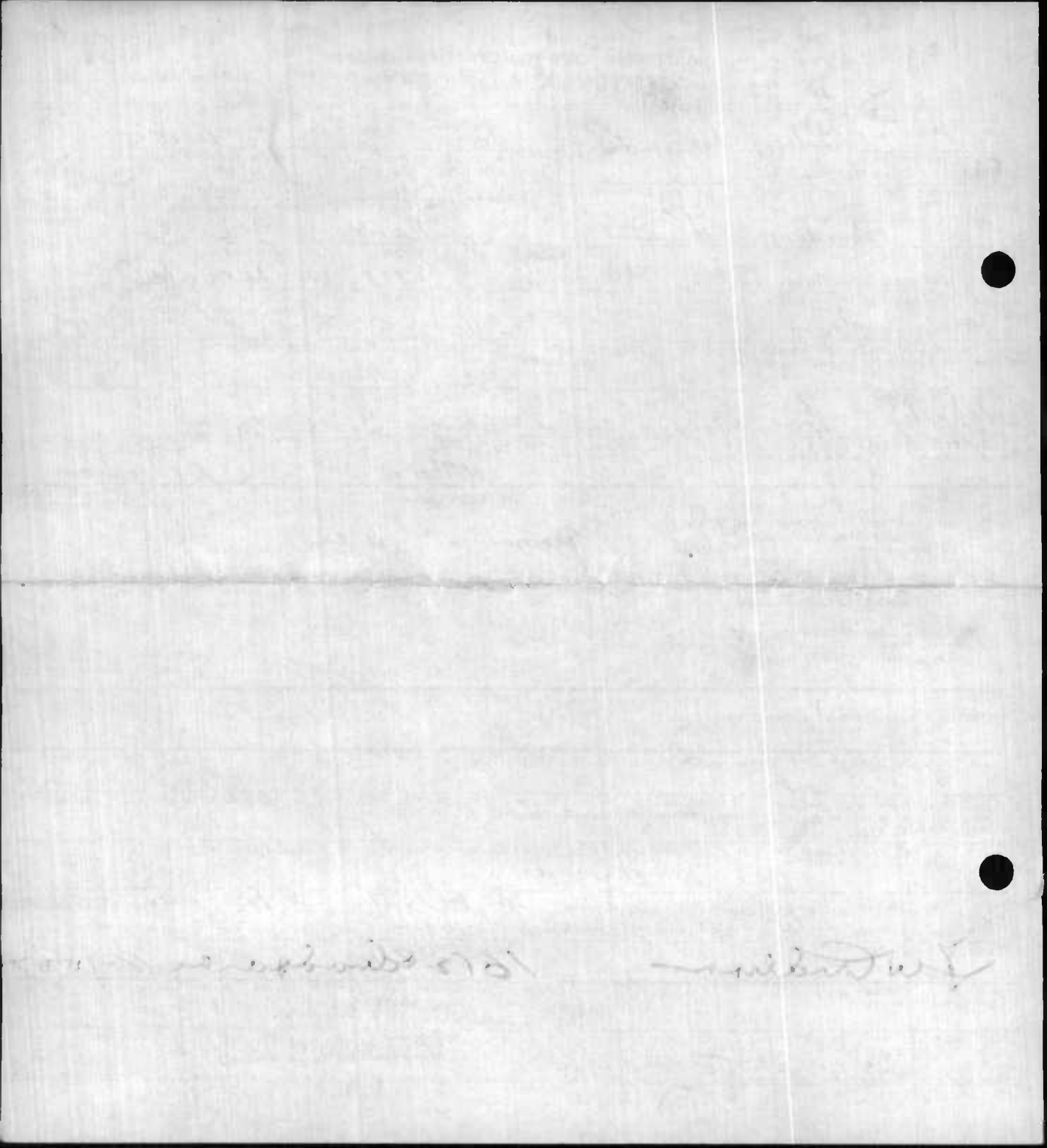
25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1951

William Williams, Jr

Commissioner of Health



52 51 10088

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 51 10088
52885 1/2

BIRTH NO.

51-26965

1. NAME OF DECEASED
(Type or Print)

Baby Boy Nickens

2. DATE
OF
DEATH

11-16-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-16-57

9. AGE (in years
last birthday)If Under 1 Year
Months; DaysIf Under 24 Hours
Hours Min.

25

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Henson Jones

14. MOTHER'S MAIDEN NAME

Lillian Nickens

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fannie Nickens

18. 7620

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital atelectasis

25 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9:15 PM 11-16, 1957, to 9:30 PM 11-16, 1957, that I last saw the
deceased alive on 11-16, 1957, and that death occurred at 9:38 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL NOV 20 1957

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 22 1957

L. J. Williams, M.D.

Commissioner of Health

THE UNIVERSITY OF CHICAGO
LIBRARY

1943 OCT 10

1943 OCT 10

1943 OCT 10

1943 OCT 10

1943 OCT 10

1943 OCT 10

1943 OCT 10

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1943 OCT 10

1943 OCT 10

30 51 10089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10089
Registered No.

BIRTH NO. 51-25409

1. NAME OF DECEASED (Type or Print) <u>Baby Bay Broadway</u>		2. DATE OF DEATH <u>11/5/51</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>University Hospital</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balt.</u> <u>11-04</u>	
D. STREET ADDRESS (If rural, give location) <u>206 W. Biddle St.</u>		E. LENGTH OF STAY IN BALTIMORE <u>5</u> Yrs. <u>5</u> Mos. <u>5</u> Days	
5. SEX <u>m</u>	6. COLOR OR RACE <u>C. I</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>11/1/51</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>5</u> Months <u>5</u> Days <u>5</u> Hours <u>5</u> Min.
11. BIRTHPLACE (State or foreign country) <u>md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Frederick Douglas France</u>		14. MOTHER'S MAIDEN NAME <u>Almeda Pauline Broadway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Almeda Broadway</u>		ADDRESS	

18. <u>776x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <u>Prematurity</u>	INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Nov. 5, 1951</u> , to <u>Nov 5, 1951</u> , that I last saw the deceased alive on <u>Nov. 5, 1951</u> , and that death occurred at <u>145 p.m.</u> , from the causes and on the date stated above.		
23A. SIGNATURE <u>Garnett E. Deane</u>	23B. ADDRESS <u>U. Hosp. md. (Balt.)</u>	23C. DATE SIGNED <u>Nov 5, 1951</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY <u>UNIVERSITY MEDICAL SCHOOL</u>
24D. LOCATION (City, town, or county)		24E. DATE <u>NOV 20 1951</u>

DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 22 1951</u>	REGISTRAR'S SIGNATURE <u>Wm. Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Commissioner of Health</u>	ADDRESS
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CERTIFICATE OF DEATH

Interment

For X-3 and
Wm. X-3 and

200 51 10030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10030

Registered No.

BIRTH NO. 51-26973

1. NAME OF DECEASED
(Type or Print)

BABY Cir-1 Russo

2. DATE
OF
DEATH

11/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

HOSPITAL FOR WOMEN OF MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore-23-

D. STREET ADDRESS (If rural, give location)

2030 Boyd Street

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days Hours: Min.

FEMALE

WHITE

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

November 13/1951

Baltimore-Maryland

U.S.A.

13. FATHER'S NAME

Anthony Joseph Russo

14. MOTHER'S MAIDEN NAME

Dorothy Vivian Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Maternal toxemia, Pre-eclampsia severe, induced labor

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 14, 1951, to Nov 16, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William P. Hughes

M. D.

23B. ADDRESS

Hosp. for Women of Md.

23C. DATE SIGNED

11/16/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL NOV 20 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

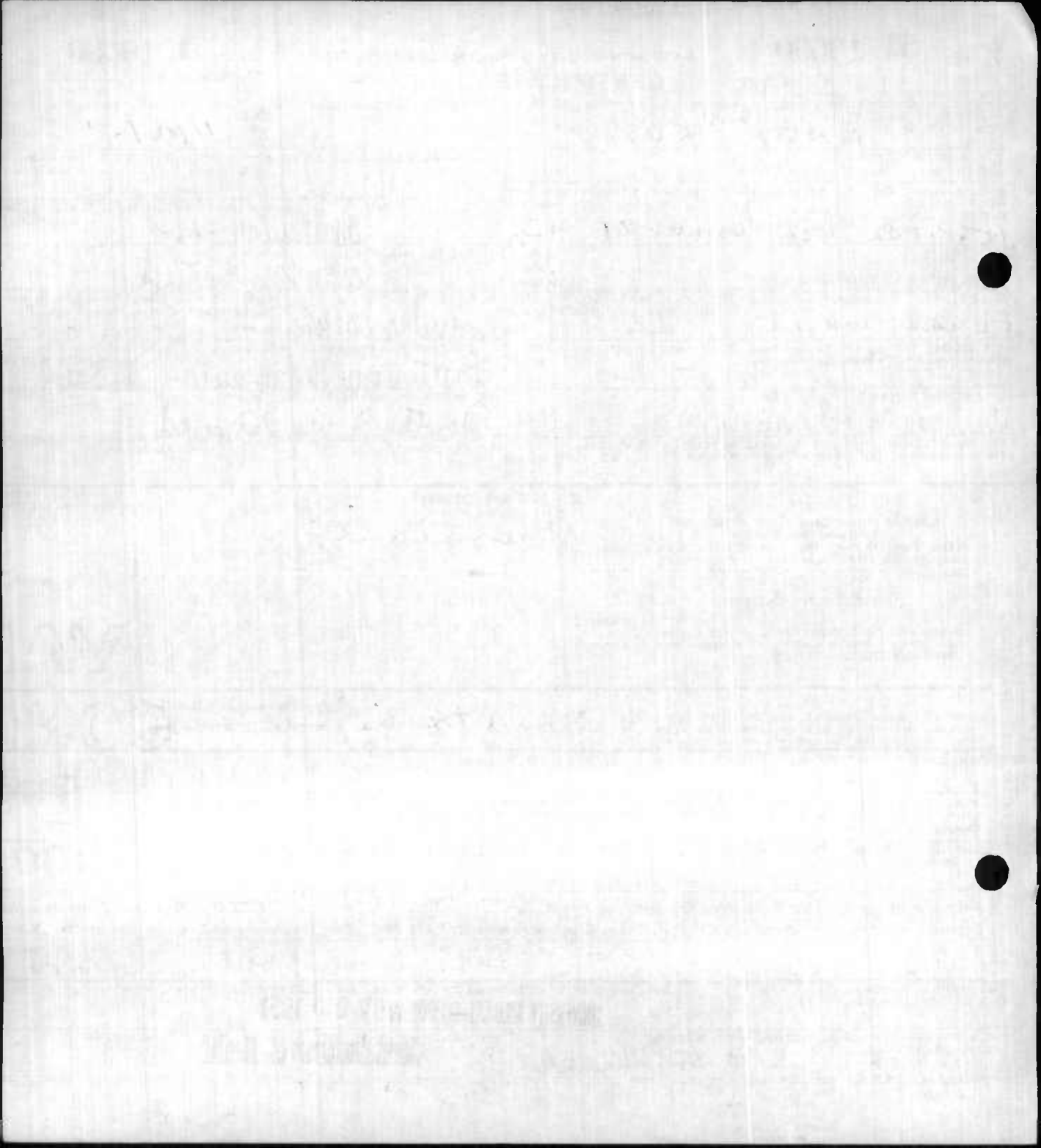
NOV 22 1951

William P. Hughes, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS



625 51 10091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10091

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS GROSSMAN

2. DATE
OF
DEATH

November 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

4613 Park Heights Ave

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

15-09

D. STREET ADDRESS (If rural, give location)

3104 Oakfield Avenue

6. Length of stay in Baltimore

60 yrs.

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

1871

9. AGE (In years last birthday)

80

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Grocery Store

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Dave Grossman

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ida Klawans-3104 Oakfield Avenue

18.

526 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A)
DUE TO

Bronchopneumonia

6 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOChronic Bronchitis
Pulmonary Empyema
Bronchiectasis

8 years

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)
INJURY

22E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1942 to Nov 21, 1951, that I last saw the deceased alive on Nov 21, 1951, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/22/51

24C. NAME OF CEMETERY OR CREMATORY

Ohr Knesseth Israel Anshe

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

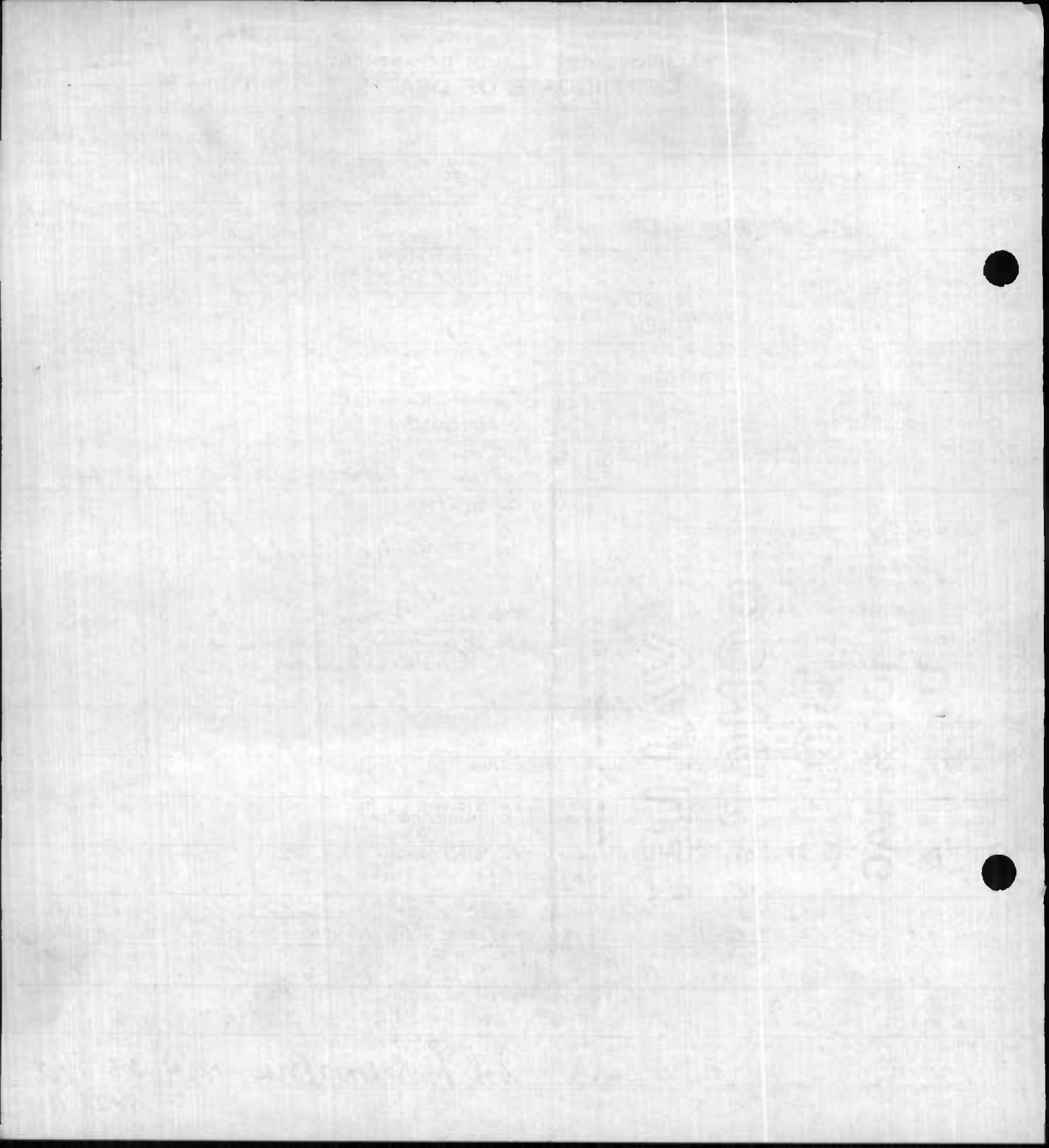
Roseale 20. FUNERAL DIRECTOR

ADDRESS

NOV 22 1951

William Williams, Jr.

Sol. Levinson & Bros - 1124-26 2nd North Ave



51 10092

CERTIFICATE CORRECTED 11-29-51

BALTIMORE CITY HEALTH DEPARTMENT

51 10092

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CERTIFICATE CORRECTED

11-25-51

MAUDE THEODOSIA KNIGHT

2. DATE
OF
DEATH

11-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

Yrs.

Mos.

Days

Length of stay in Baltimore

51 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6-14-1895-1895

9. AGE (In years)

56 5/4

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR INDUSTRY

Own home.

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Leonard V. Knight

14. MOTHER'S MAIDEN NAME

Maude Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph C. Knight 718 Richwood Ave.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio Vascular Disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20-, 1951, to 11-20-, 1951, that I last saw the deceased alive on 11-20-, 1951, and that death occurred at 12:05^{am} m., from the causes and on the date stated above.

23A. SIGNATURE

G. P. Loffay Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

11-20-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-23-1951

24C. NAME OF CEMETERY OR CREMATORY

U.S. National

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, M.D.

25. FUNERAL DIRECTOR

John Q. Moran

ADDRESS

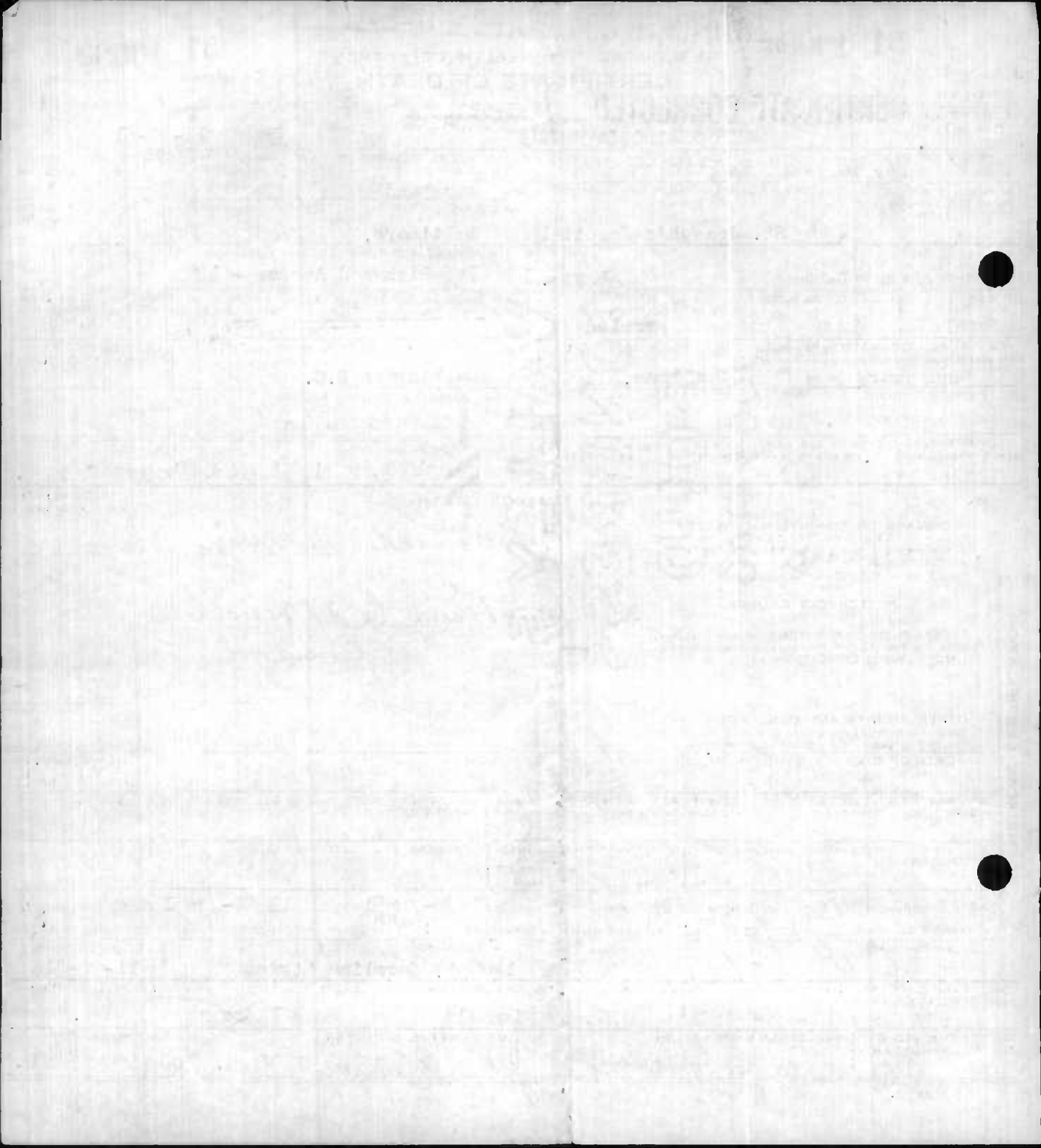
3000 E. Baltimore St.

NOV 22 1951

VS 150

937

MEDICAL CERTIFICATION



616
51 10093BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10093

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Mary Weerburgh Garry

2. DATE
OF
DEATH

11-22-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

ST. Agnes Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Pa.

V-35

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Holmesburg

D. STREET ADDRESS (If rural, give location)

Frankford Ave. + Solly St.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

1879

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Religious Sister

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother Mary Francis

3500
Solly Ave. Pa.

CAUSE OF DEATH

18. 581.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of liver, cirrhosis (?)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) cause undetermined. Ascites,

DUE TO

(C) Anemia passive congestion.

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1951, to 11-22, 1951, that I last saw the
deceased alive on 11/22, 1951, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Leo N. Ley, Jr.

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

11/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-24-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Sepulchre

24D. LOCATION (City, town, or county) (State)

Raynolds Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Catherine Williams, M.D.

25. FUNERAL DIRECTOR

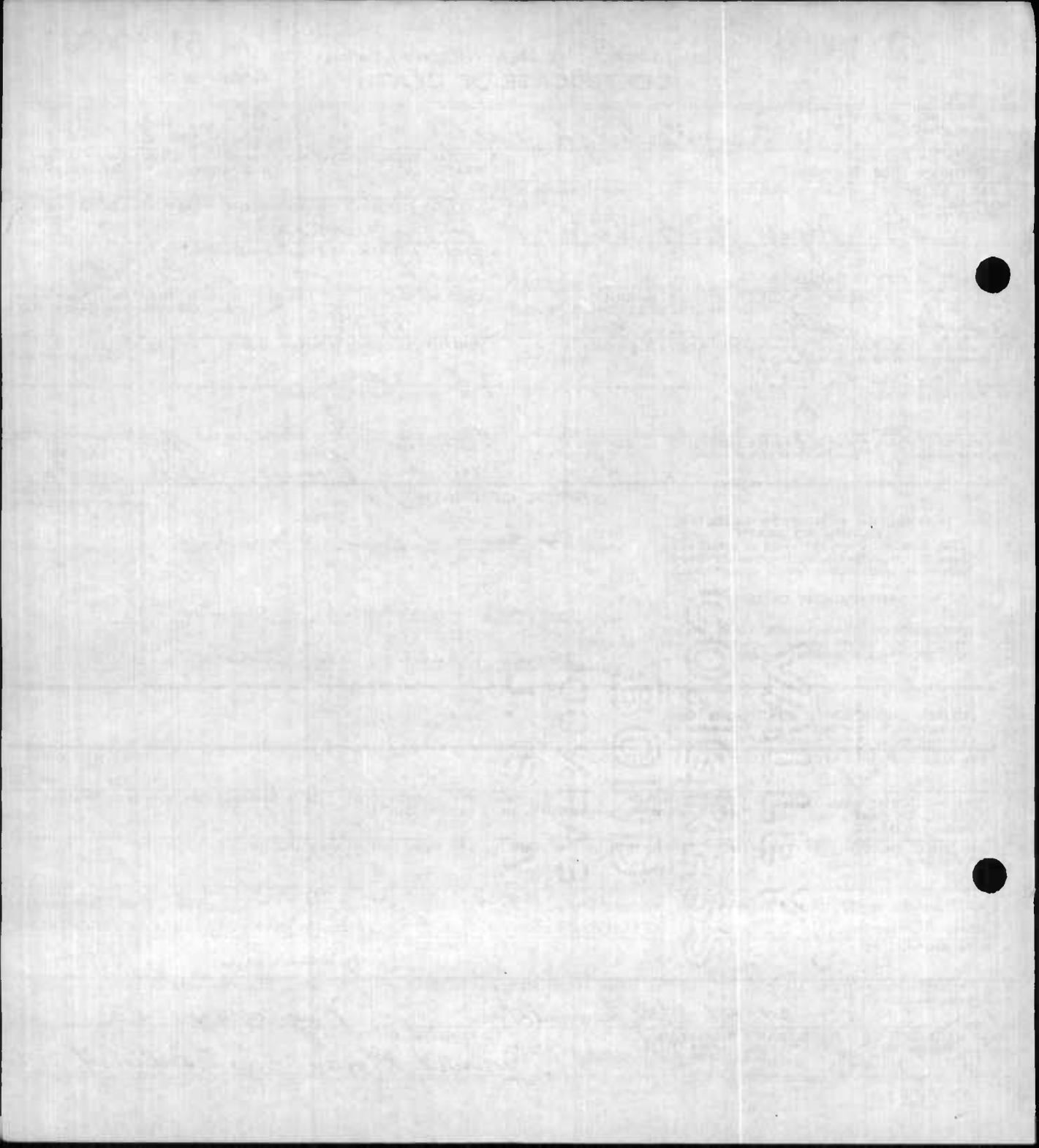
ADDRESS

John Q. Moran 3000 E. Balto. St. Md.

VS 150

0788W

12413



51 10094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10094

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERBERT D. CLARK

2. DATE
OF
DEATH

11-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4501 Dunland Rd.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 28, 1882

9. AGE (In years last birthday)

69yrs

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bank teller

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Brooklyn, N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Clark

14. MOTHER'S MAIDEN NAME

? Olson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Md.

Mrs. Sigrid M. Clark, 4501 Dunland Rd. Balto

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

UREMIA

DUE TO

Hypertensive C.V.D.

(B)

AND CEREBRAL VASCULAR ACCIDENT

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 1951, to 11-21, 1951, that I last saw the deceased alive on 11-21, 1951, and that death occurred at 230 P.M., from the causes and on the date stated above.

22A. SIGNATURE

M. D.

22B. ADDRESS

Sinai Hosp.

22C. DATE SIGNED

11-21-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov. 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cypress Hills Cem.

24D. LOCATION (City, town, or county)

Brooklyn, New York

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

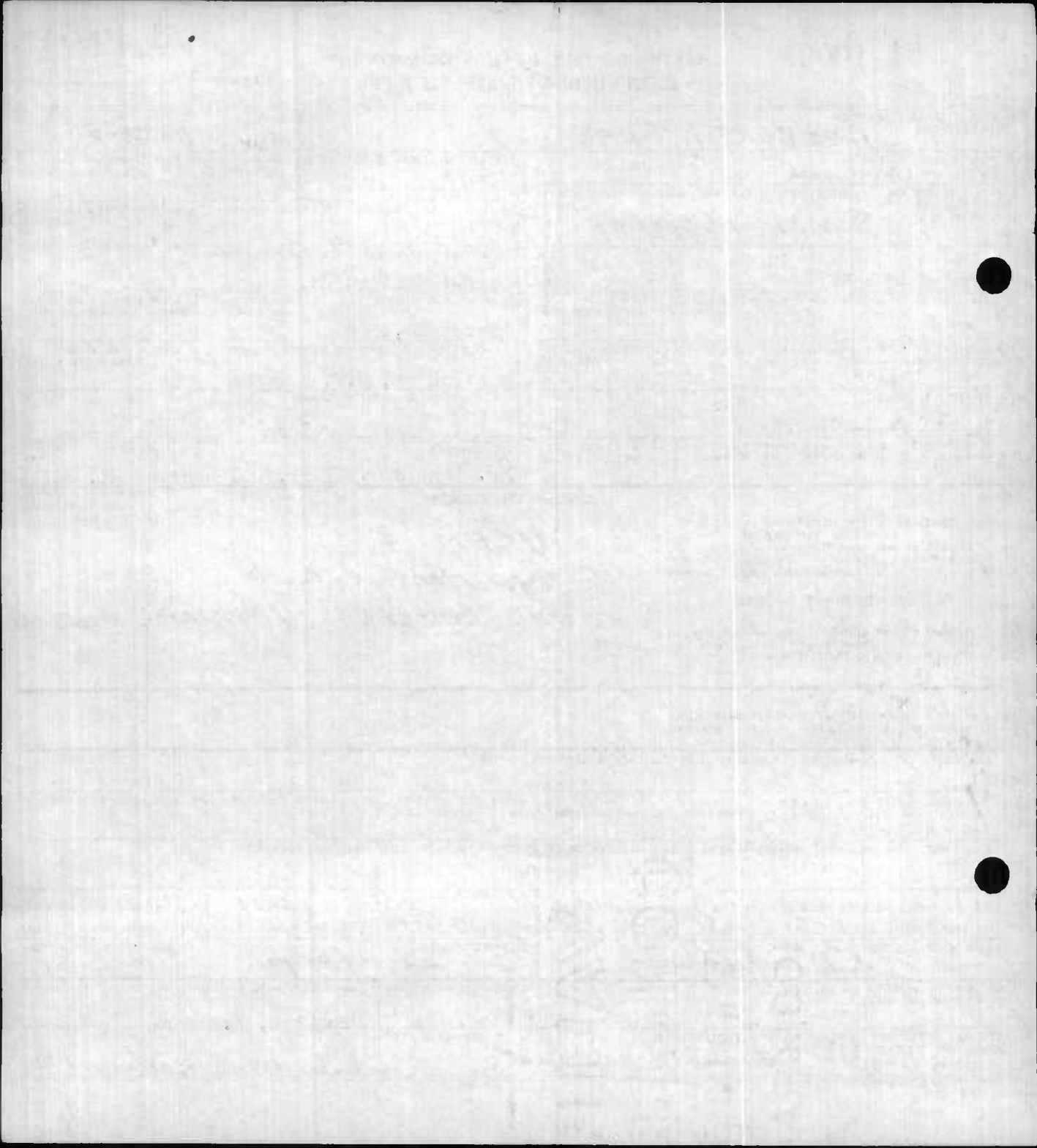
NOV 22 1951

VS 150

30571

93D

MEDICAL CERTIFICATION



AB-92895

51 19095

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dean Swift

2. DATE
OF
DEATH

10-29-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE Baltimore City Hospitals location)
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

Baltimore City Hospitals-4940 Eastern Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Separated (Married)

8. DATE OF BIRTH

April 4-1875

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Swift

14. MOTHER'S MAIDEN NAME

Ruth Ostrander

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Ave.

18. 450.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Circulatory failure
Respiratory failure

10 min.

DUE TO

ANTECEDENT CAUSES

(B)

Arteriosclerotic Heart Failure

? Years

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Generalized Arteriosclerosis

? Years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-29-1951

19B. MAJOR FINDINGS OF OPERATION

Supracondylar amputation for gangrene, right foot

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2-1945 to 10-29-1951 that I last saw the
deceased alive on 10-29-1951 and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave., Baltimore, Md.

11-8-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

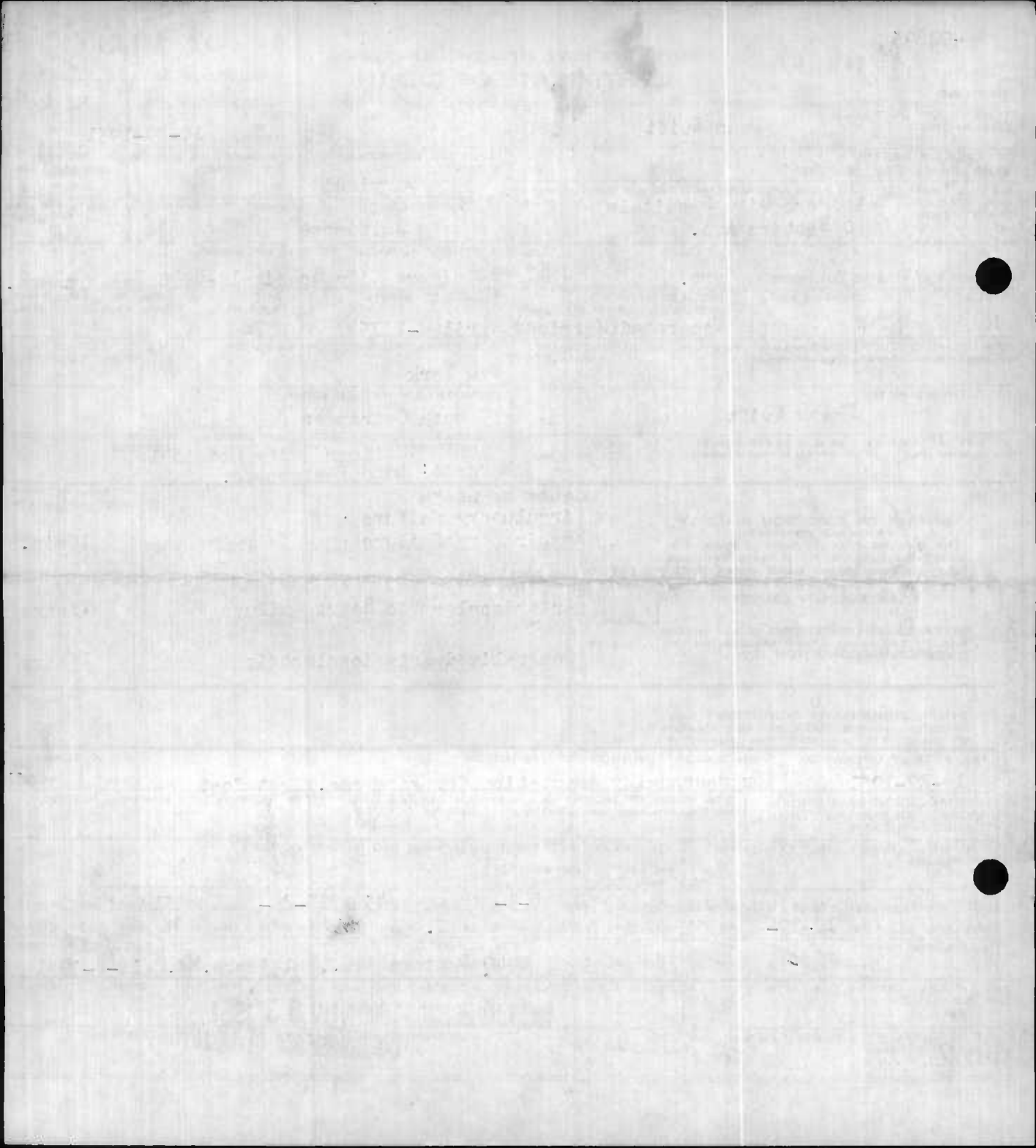
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL NOV 13 1951

Commissioner of Health



50 51 10096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10096

BIRTH NO. 51-26182

1. NAME OF DECEASED (Type or Print) George Reilly Kerin Jr		2. DATE OF DEATH 11-9-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-15	
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - zone #9	
D. STREET ADDRESS (If rural, give location) 1454 Forge Avenue		E. LENGTH OF STAY IN BALTIMORE 19 Yrs. 19 Mos. 19 Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11-9-51
9. AGE (In years last birthday) 3		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George Reilly Kerin Sr		14. MOTHER'S MAIDEN NAME Beulah Cardelia Van Horn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 220-18-6486	
17. INFORMANT Mother		ADDRESS 1454 Forge Ave, Balt.	

18. **761.5** S.S. No. of Father **51-26182** CAUSE OF DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Congenital Atelectasis of the Lungs

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Three loops of cord around the neck19A. DATE OF OPERATION **Del. 11-9-51** 19B. MAJOR FINDINGS OF OPERATION **prematurity** 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-8-1951** to **11-9-1951**, that I last saw the deceased alive on **11-9-1951**, and that death occurred at **1:15 A.M.**, from the causes and on the date stated above.23A. SIGNATURE **A. P. Vicente** M.D. 23B. ADDRESS **Maryland Gen. Hosp.** 23C. DATE SIGNED **11-10-51**

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Antonia Williams, M.D.	
FUNERAL DIRECTOR		ADDRESS	

UNIVERSITY MEDICAL SCHOOL NOV 13 1951

Commissioner of Health

(TA) NOV 21 1950

51 10097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10097
Registered No.

BIRTH NO. 51-25711

1. NAME OF DECEASED (Type or Print) Baby Boy Long			2. DATE OF DEATH 11-3-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balt. 15-01		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 115-77 Poppleton Rd		
7. SEX M	8. COLOR OR RACE C	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH 11-2-51		11. AGE (In years, last birthday) 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 7			14. MOTHER'S MAIDEN NAME Mary R. Long		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mary Long		

18. 776 x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Prematurity		INTERVAL BETWEEN ONSET AND DEATH 29 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO		
		(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **11-2**, 19**51**, to **11-3**, 19**51**, that I last saw the deceased alive on **11-3**, 19**51**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Robert W. Hidy** M. D. 23B. ADDRESS **University Hospital** 23C. DATE SIGNED **11-3-51**

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY **UNIVERSITY MEDICAL SCHOOL** 24D. LOCATION (City, town, or county) (State) **NOV 13 1951**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 22 1951** REGISTRAR'S SIGNATURE **W. Williams** 25. FUNERAL DIRECTOR **Commissioner of Health** ADDRESS

RECEIVED BY THE
CERTIFICATE OF DEATH

STATE OF NEW YORK

FILE NO. 100-100000
JAN 1 1960

520 51 10098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10098

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert Young

2. DATE
OF
DEATH

Nov. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Sup. Htl 22

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Waldorf 5800
Charles Co.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

Male Colored

Widowed

11-17-90

61

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wilson Young

14. MOTHER'S MAIDEN NAME

Mollie Hagerly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMATION ADDRESS
JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Pulmonary consolidation 2 days

DUE TO

(B) Post-operative esophago-gastrostomy 6 days

DUE TO

(C) Carcinoma of esophagus approx 8 cm

INTERVAL BETWEEN
ONSET AND DEATH

2 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

11-16-51

Carcinoma of esophagus, non-resectable

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1951, to 11-21, 1951, that I last saw the deceased alive on 11-21, 1951, and that death occurred at 8:15 pm, from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. McLean

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/24/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Waldorf, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 22 1951

VS 150

REGISTRAR'S SIGNATURE

Dwight C. McLean

25. FUNERAL DIRECTOR

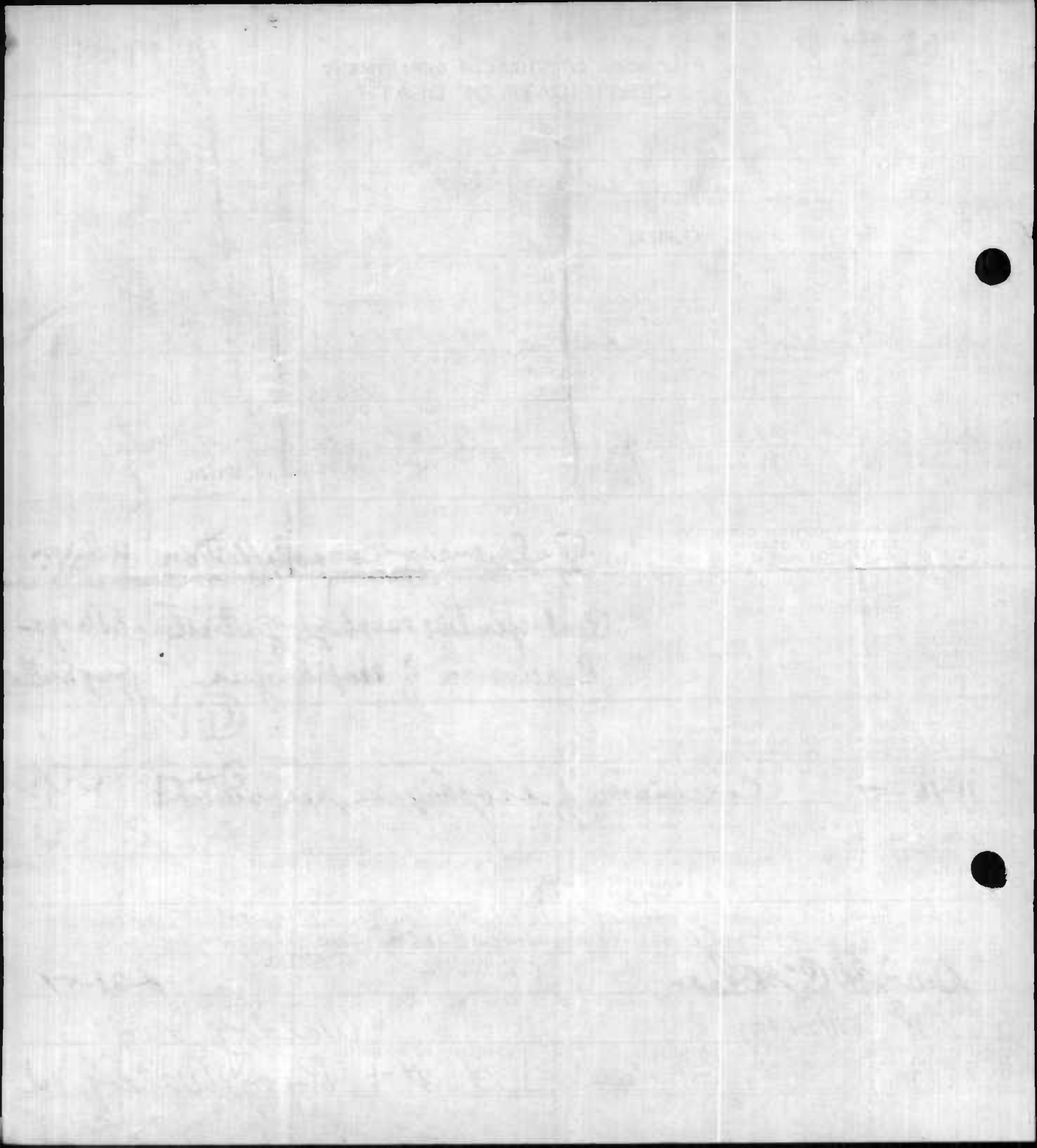
Hunt & Ryan

ADDRESS

Waldorf, Md

46a

MEDICAL CERTIFICATION



51 10099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10099

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

BITTINGS

2. DATE
OF
DEATH

November 6, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2015 E. Pratt Street

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

Male

White

U

U

45?

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

N

16. SOCIAL
SECURITY NO.W
N

17. INFORMANT

N

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Denecker

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 7, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL NOV 13 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

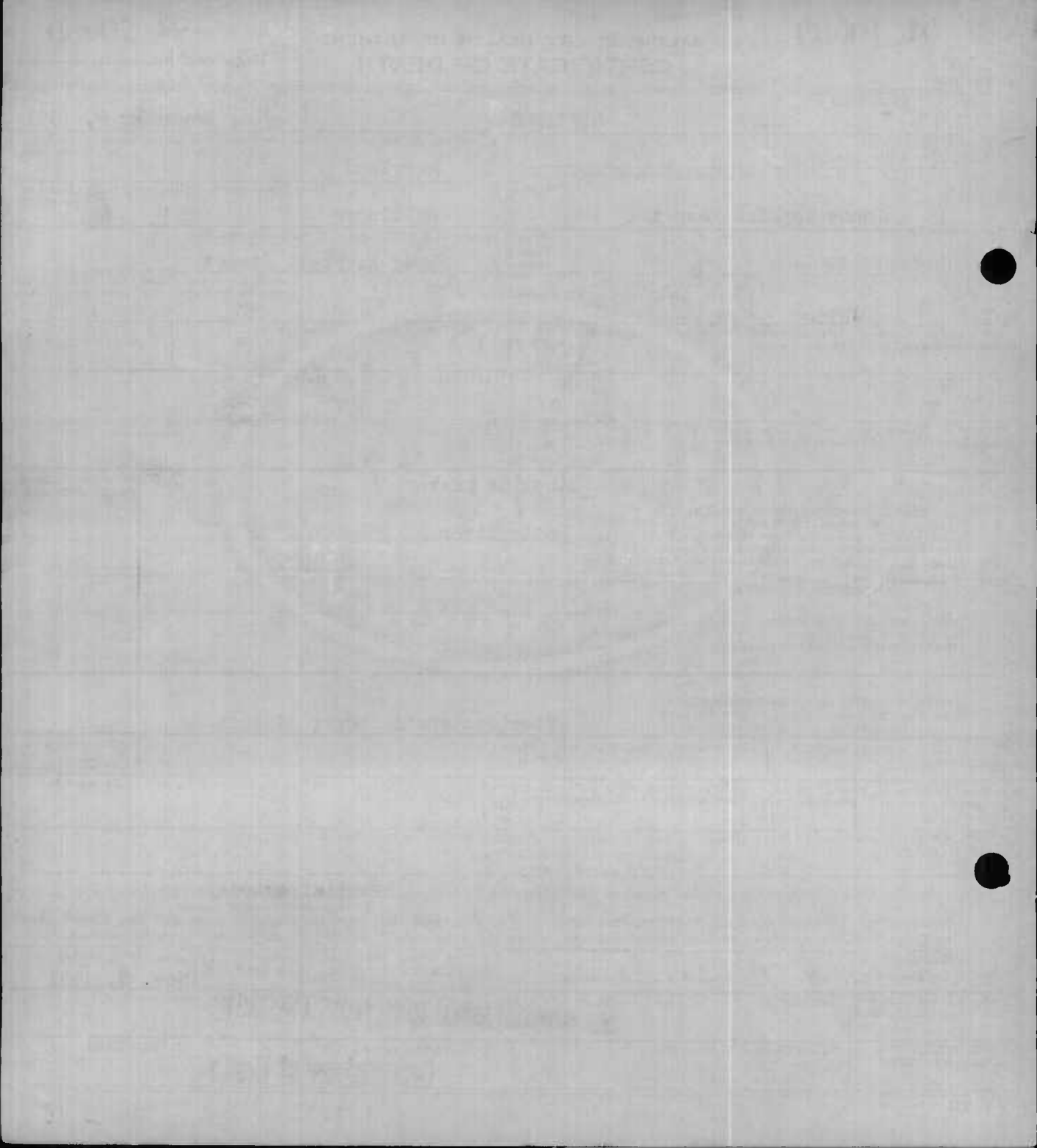
25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

V S 151

124 B ✓



12 State Anatomical

51 10100

BALTIMORE CITY HEALTH DEPARTMENT

51 10100 CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Phillip Phelps* 2. DATE OF DEATH *NOV 11 1951*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE *Md.* B. COUNTY _____

B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 6-05*

D. STREET ADDRESS (If rural, give location) *15 N. CAROLINE ST*

c. Length of stay in Baltimore Yrs. Mos. Days

5. SEX *male* 6. COLOR OR RACE *colored* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____ 8. DATE OF BIRTH _____ 9. AGE (in years last birthday) *64* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Unknown* 14. MOTHER'S MAIDEN NAME *Unknown*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *570.3* CAUSE OF DEATH *JOHNS HOPKINS HOSPITAL* INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) *Intestinal Obstruction* 24 hrs

ANTECEDENT CAUSES DUE TO *Volculation of small intestine* same

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *11-10-51* 19B. MAJOR FINDINGS OF OPERATION *Volculation and gangrene, small intestine* 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-9-*, 19*51*, to *11-11-*, 19*51*, that I last saw the deceased alive on *11-11-*, 19*51*, and that death occurred at *2:10 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Dwight C. McGoon* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *11-11-51*

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE *University Medical School* 25. FUNERAL DIRECTOR *Commissioner of Health* ADDRESS

VS 150 122B

Call O.A.P. on Thurs one

362
51 10101BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Malenda Staszynski</i>			2. DATE OF DEATH <i>Nov. 22/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>130 S. Patterson Plk Apt 1</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>1-05</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Josephs Home for the Aged</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore Yrs. <i>1</i> Mos. <i>0</i> Days <i>5</i>			D. STREET ADDRESS (If rural, give location) <i>130 S. Patterson Park Gars.</i>		
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>1861</i>	11. AGE (In years last birthday) <i>90</i>	12. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>		
11. BIRTH PLACE (State or foreign country) <i>Poland.</i>			12. CITIZEN OF WHAT COUNTRY? <i>—</i>		
13. FATHER'S NAME <i>Wm. St.</i>			14. MOTHER'S MAIDEN NAME <i>Wm. St.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>Sister Servants</i>			ADDRESS <i>130 S. Patterson Plk</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>CORONARY THROMBOSIS</i> DUE TO (B) <i>GENERALIZED ARTERIOSCLEROSIS</i> DUE TO <i>AND SENILITY</i> (C) <i>—</i>	INTERVAL BETWEEN ONSET AND DEATH <i>11/21/51</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>—</i>	

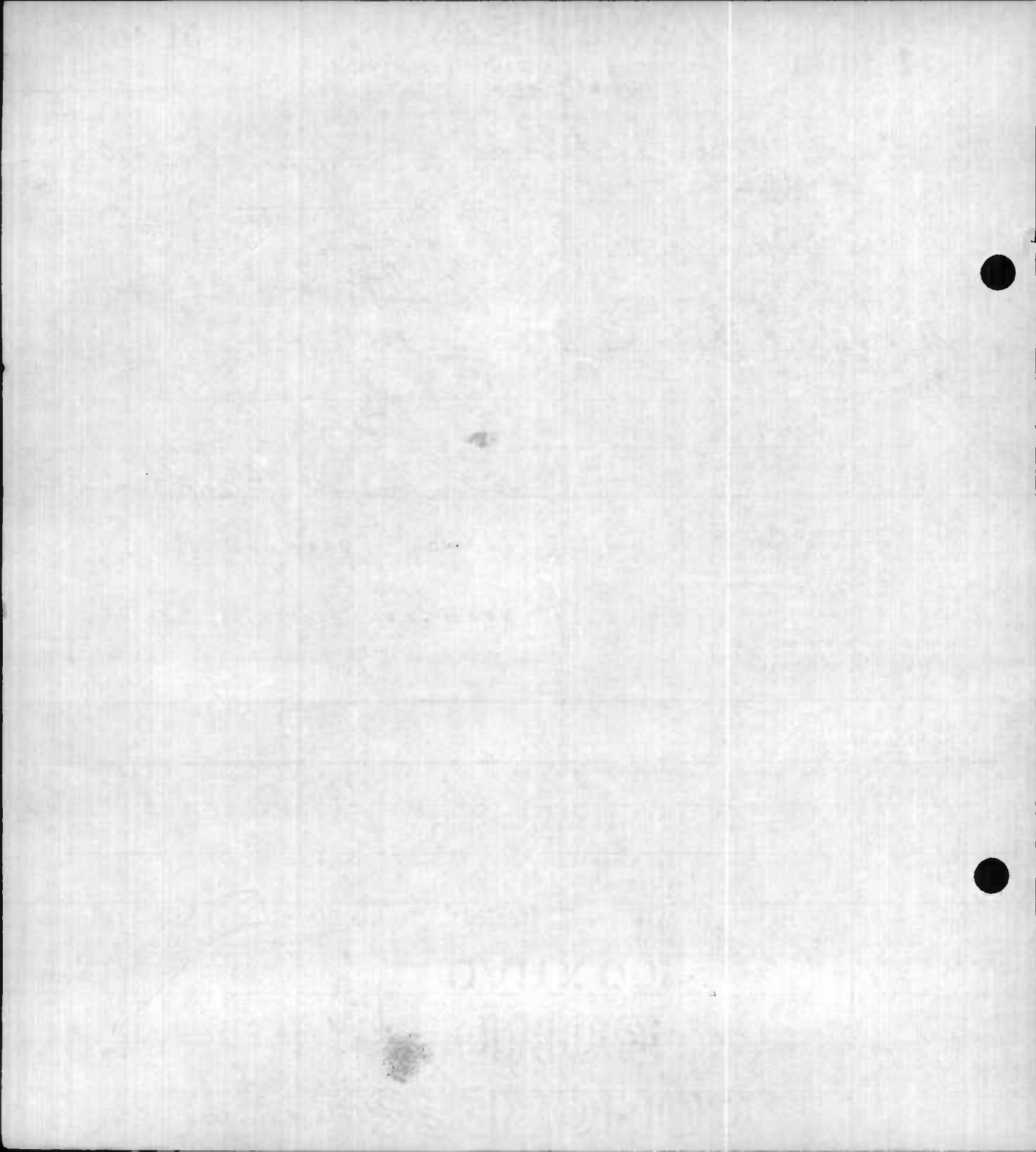
19A. DATE OF OPERATION <i>None</i>	19B. MAJOR FINDINGS OF OPERATION <i>—</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 21*, 19*51*, to *Nov. 22*, 19*51*, that I last saw the deceased alive on *Nov 22*, 19*51*, and that death occurred at *10 A.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph F. Dzunga</i>	23B. ADDRESS <i>209 S. Chester St</i>	23C. DATE SIGNED <i>11/23/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 24/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>	24D. LOCATION (City, town, or county) (State) <i>D. A. Co.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1951</i>	REGISTRAR'S SIGNATURE <i>John Williams</i>	25. FUNERAL DIRECTOR <i>Fred M. Ozajewski</i>	ADDRESS <i>1930 Baltimore Gas 94a</i>
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51 10102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10102
Registered No.

BIRTH NO.

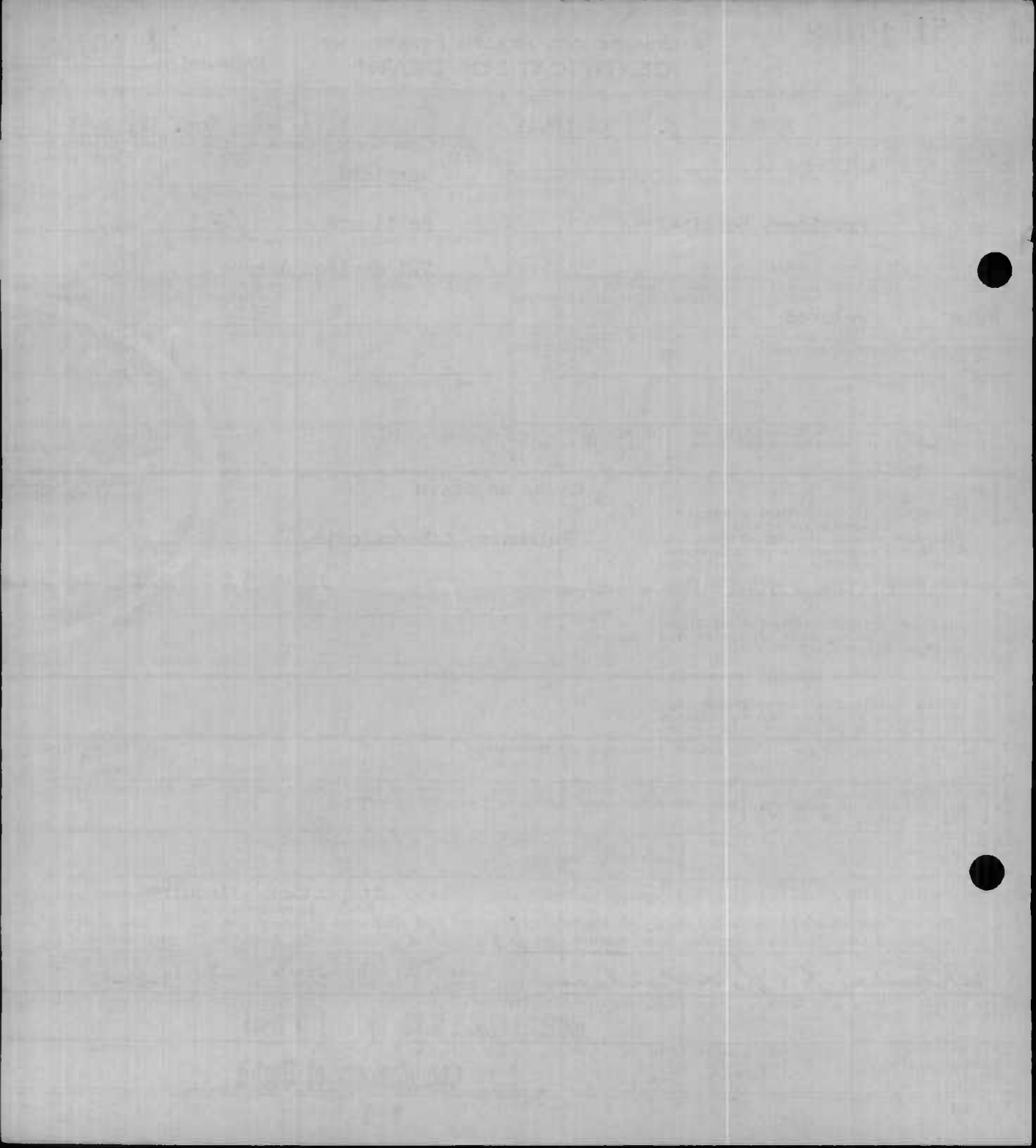
1. NAME OF DECEASED (Type or Print) JOHN J. CALLOWAY			2. DATE OF DEATH Nov. 12, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 11-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 721 Madison Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 36?	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY U	11. BIRTHPLACE (State or foreign country) N		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME K		14. MOTHER'S MAIDEN NAME N		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 0		17. INFORMANT W		ADDRESS <input checked="" type="checkbox"/>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) N 002X	CAUSE OF DEATH (A) Pulmonary tuberculosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dureacher</i>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 11-13-51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL
24D. LOCATION (City, town, or county)	25. FUNERAL DIRECTOR Commissioner of Health	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951	REGISTRAR'S SIGNATURE <i>William H. Williams</i>	ADDRESS



51 10103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10103

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE B. COUNTYFULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 1, 1951, to Nov. 18, 1951, that I last saw the deceased alive on Nov. 11, 1951, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CONFIDENTIAL - SECURITY INFORMATION
CENTRAL INTELLIGENCE AGENCY



425 51 10104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10104

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE PEARODY NEILSON

2. DATE
OF
DEATH

Nov. 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

605 W. 40th. St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

605 W. 40th. St.

Length of stay in Baltimore

84

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MARCH 15, 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SUPERINTENDENT Rtd. AMER. WHOLESALE CORP.

10B. KIND OF BUSINESS OR
INDUSTRY

AMER. WHOLESALE CORP.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOSEPH NEILSON

14. MOTHER'S MAIDEN NAME

JULIA ANNE FREEBIRD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

SARAH BARNES NEILSON 605 W. 40th. St.

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) coronary occlusion

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) age

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 8, 1951, to Nov. 20, 1951, that I last saw the
deceased alive on Nov. 20, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23A. SIGNATURE

R. E. Rogers M.D.

23B. ADDRESS

Westworth Apts. Bldg. 1 Md.

23C. DATE SIGNED

Nov. 20, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-23-1951

24C. NAME OF CEMETERY OR CREMATORY

BRUID RIDGE

24D. LOCATION (City, town, or county) (State)

PIKESVILLE,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

R. E. Rogers

25. FUNERAL DIRECTOR

JOHN O. MITCHELL AND SONS 1900 EUTAW

ADDRESS

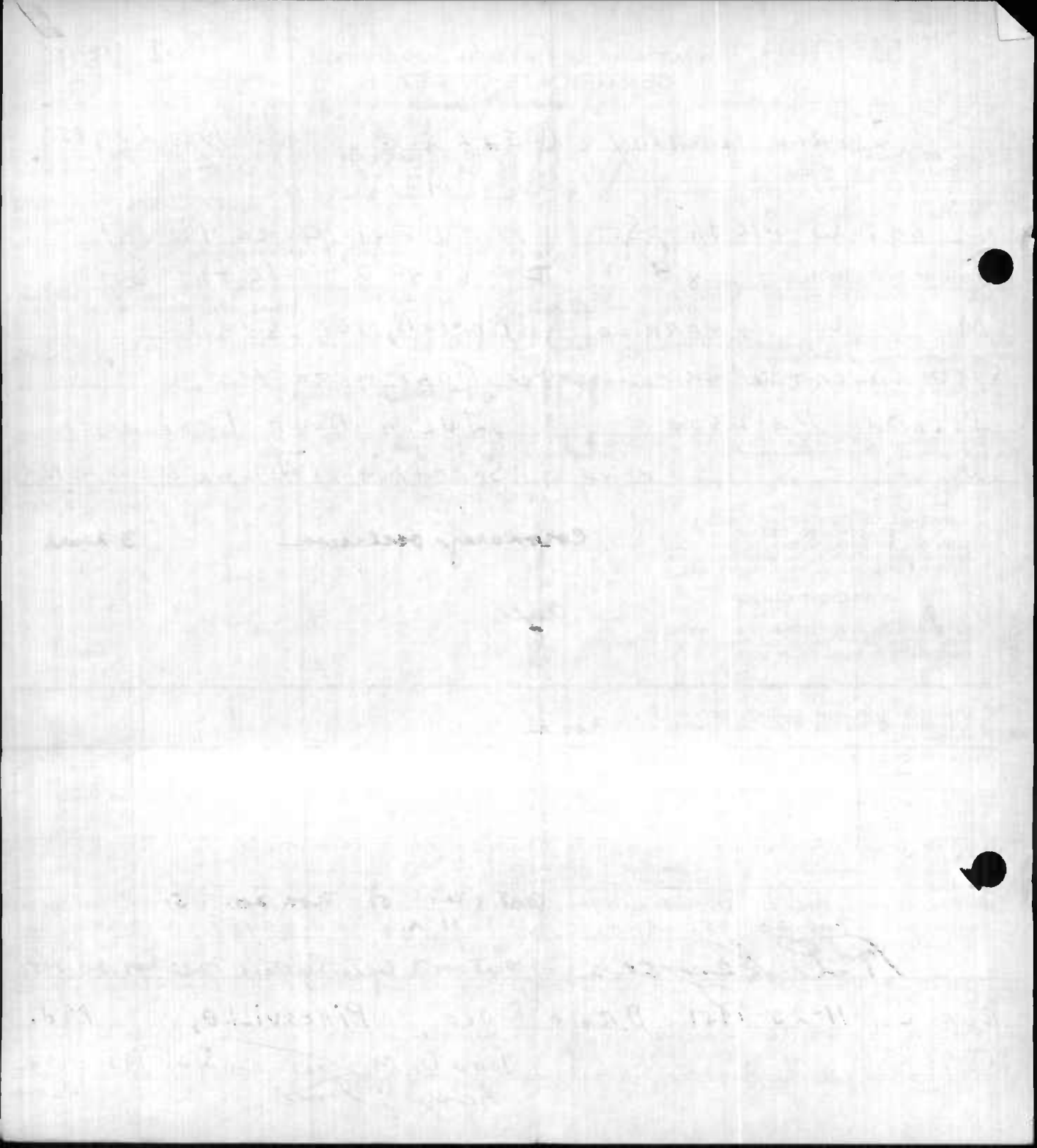
1900 EUTAW

Scarp J. Jones

94a PLACE.

VS 150

MEDICAL CERTIFICATION



652
51 10105BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 10105

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Leonard Thomas Hormes

2. DATE
OF
DEATH

Nov. 21, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 14-01

d. STREET ADDRESS (If rural, give location)

1506 Park Avenue

Length of stay in Baltimore

37 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Dec. 2, 1913

9. AGE (in years
last birthday)

37

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Automotive Salesman

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.C.

13. FATHER'S NAME

William Thomas Hormes (R)

14. MOTHER'S MAIDEN NAME

Ellen Isabel Wilcox

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Gertrude D. Hormes 1506 Park Ave.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Intracerebral hemorrhage

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular Disease

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Coronary sclerosis

?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17-51, to 11-21-51, 19, that I last saw the
deceased alive on 11-21-51, 19, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Alfred S. Nelson

M. D.

23b. ADDRESS Union Memorial Hospital
Baltimore 18 Maryland

23c. DATE SIGNED

Nov 21, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

11-26-51

24c. NAME OF CEMETERY OR CREMATORY

NATIONAL

24d. LOCATION (City, town, or county) (State)

BALTIMORE, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

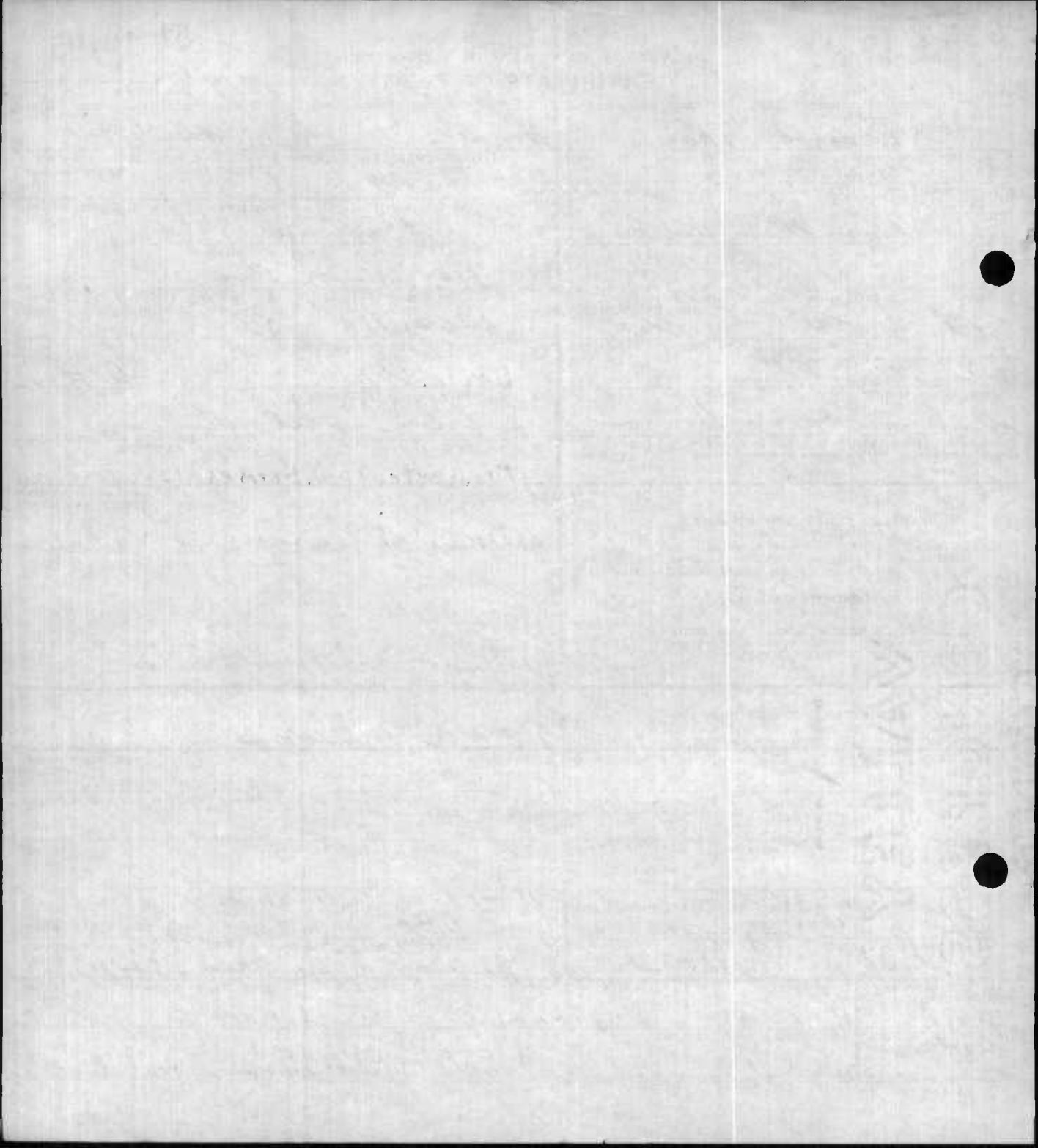
John O. Mitchell Sons Inc. 1900 Eutaw Pl.

VS 150

4906J

937

MEDICAL CERTIFICATION



235
51 10106BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10106
Registered No.

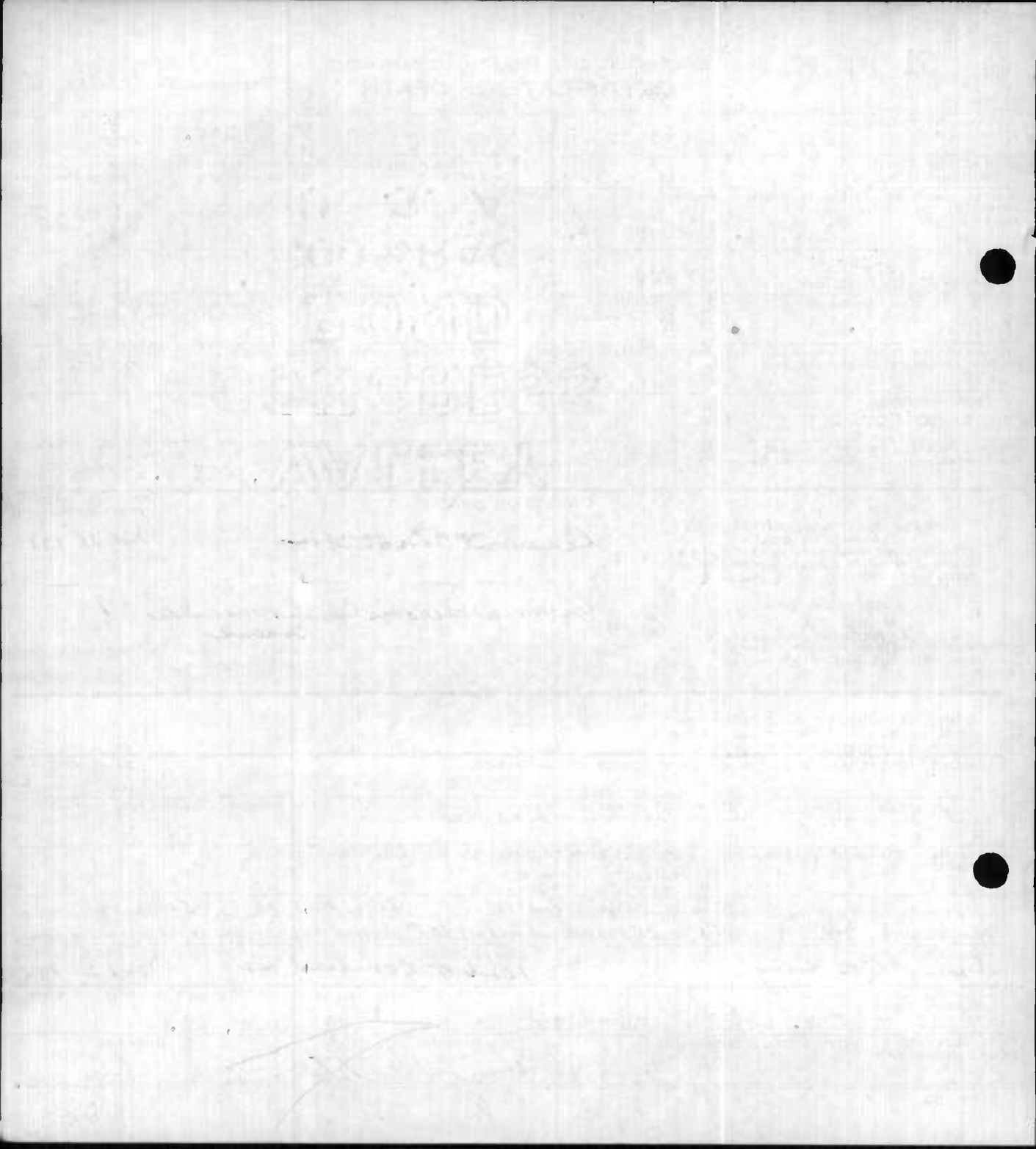
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Pauline Kaestner		2. DATE OF DEATH Nov. 20/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1427 W. Lombard St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 30 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1427 W. Lombard St.	
5. SEX Female	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 5, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Franz Heisensten		11. BIRTHPLACE (State or foreign country) Germany	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Wilhelmina	
17. INFORMANT Mrs. Otto Knoepfler		ADDRESS 1427 W. Lombard St	

1B. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO Arteriosclerosis Cardiovascular Disease DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH Nov. 11, 1951
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WHILE <input type="checkbox"/> WORK		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov. 16 , 19 51 , to Nov 20 , 19 51 , that I last saw the deceased alive on Nov 19 , 19 51 , and that death occurred at 1:30 P m., from the causes and on the date stated above.				
23A. SIGNATURE Carl P. King		23B. ADDRESS M. D. 1326 W. Lombard St		23C. DATE SIGNED Nov. 21, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE Nov. 23/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Crematory
24D. LOCATION (City, town, or county) (State) Baltimore, Md.				

DATE RECEIVED BY LOCAL REGISTRAR Nov 23 1951	REGISTRAR'S SIGNATURE Harry A. Witzke	25. FUNERAL DIRECTOR Harry A. Witzke	ADDRESS 4101 Edmondson Ave.
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51 10107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10107

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Lewis Johnson</i>			2. DATE OF DEATH <i>11-21-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township) <i>Baltimore city 7-05</i>		
D. STREET ADDRESS (If rural, give location) <i>501 N Bond St.</i>					
E. Length of stay in Baltimore <i>18 yrs</i>			Yrs. Mos. Days		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE/MARRIED, WIDOWED/DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1890 Mar 13</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months: Days: Hours: Min. <i>11 10</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Deal Island Somerset Co MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>John Johnson</i>			14. MOTHER'S MAIDEN NAME <i>Mary Green</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>C</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>James Johnson</i>			ADDRESS <i>501 N Bond St Baltimore</i>		

18. *150 X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH *18*

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-6</i> <i>1951</i> , to <i>11-21</i> <i>1951</i> , that I last saw the deceased alive on <i>11-21</i> <i>1951</i> , and that death occurred at <i>9:20</i> <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles H. Ward</i>		23B. ADDRESS <i>Provident Hospital</i>		23C. DATE SIGNED <i>11-21-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Bur</i>		24B. DATE <i>Nov 24-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Deal Island Somerset Co MD</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Charles H. Ward</i>		ADDRESS <i>Marion MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1951</i>		REGISTRAR'S SIGNATURE <i>William</i>			

97099

46a

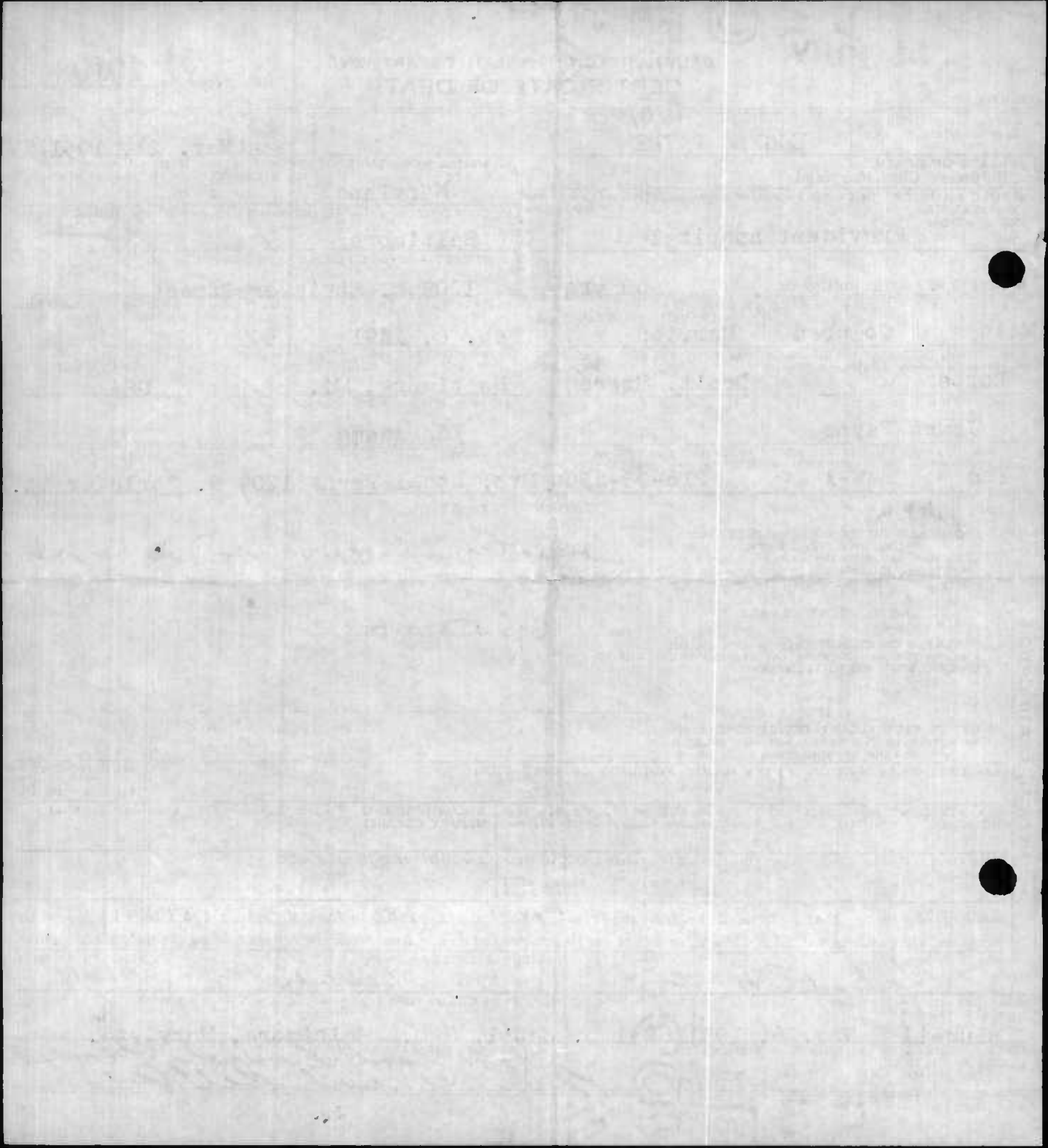
MEDICAL CERTIFICATION

112

500
51 10108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10108

BIRTH NO.			1. NAME OF DECEASED (Type or Print) EUGENE PAYNE			2. DATE OF DEATH Nov. 21, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 1209 N. Stricker Street		
E. Length of stay in Baltimore 60 yrs			Yrs. Mos. Days					
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 6, 1891	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	12. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10B. KIND OF BUSINESS OR INDUSTRY Dep't. Store			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
13. FATHER'S NAME James Payne			14. MOTHER'S MAIDEN NAME Ida Adams					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes			16. SOCIAL SECURITY NO. 216-05-4500			17. INFORMANT ADDRESS Mrs. Ethel Payne 1209 N. Stricker St.		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hypertensive Cardio-vascular Disease 14 yrs. mos. DUE TO (B) Hypertension DUE TO (C) 			INTERVAL BETWEEN ONSET AND DEATH					
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Mar 15 , 19 50 to Nov 21 , 19 51 , that I last saw the deceased alive on Nov 17 , 19 51 , and that death occurred at 12:15 Am., from the causes and on the date stated above.								
23A. SIGNATURE Herbert L. Tunnell			23B. ADDRESS 1375 W. Lammie St			23C. DATE SIGNED 11/21/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE Nov. 26, 1951			24C. NAME OF CEMETERY OR CREMATORY Balto. Nat'l. Cem.		
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland			25. FUNERAL DIRECTOR Wallace Funeral Home			25. ADDRESS 1651 Smith Hill Ave.		



51 10109

51 10109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

William Derry

2. DATE
OF
DEATH

Nov 26, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Med. Cpl 2

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

16-05

b. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

826 Whitmore Ave

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 593X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Glomerulonephritis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19-1951, to 11-20-1951, that I last saw the
deceased alive on 11-20-1951 and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

JOHNS HOPKINS HOSPITAL

21 Nov 51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

Hastington Williams

James A Hayes

6589 9th St

Received of the University of Michigan
Library the sum of \$10.00
for the purchase of books
on the 1st day of June 1914

130
51 10110BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10110

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE FLOYD		2. DATE OF DEATH 11/21/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 22-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 713 S Sharp r		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 713 S Sharp r	
5. SEX Male	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan - 1886
9. AGE (In years last birthday) 65		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none - LONGSHOREMAN		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Thomas Floyd		14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Martha Floyd		ADDRESS 713 S Sharp	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic myocarditis DUE TO hypertension DUE TO hypertension DUE TO hypertension	CAUSE OF DEATH Chronic myocarditis hypertension hypertension hypertension	INTERVAL BETWEEN ONSET AND DEATH 1 year
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **10/20** 19**50**, to **11/21**, 19**51**, that I last saw the deceased alive on **11/21**, 19**51**, and that death occurred at **11** m., from the causes and on the date stated above.

23A. SIGNATURE Harry J. Franklin	23B. ADDRESS 1000 W. Lee	23C. DATE SIGNED 11/24/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-24-51	24C. NAME OF CEMETERY OR CREMATORY Mt Airy	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR James O. Stays	ADDRESS 6381 9th St

VS 150

940 550

937

MEDICAL CERTIFICATION

WALLEY
CONCRETE
E. Q. M.
100 PAB
U. S. A.

100 PAB
U. S. A.

51 10111
560BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10111
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER

KANER

2. DATE
OF
DEATH

Nov. 13, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

48 Market Place

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

U

9. AGE (in years
last birthday)

54

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 490x N

N

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cirrhosis of liver

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov. 13, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

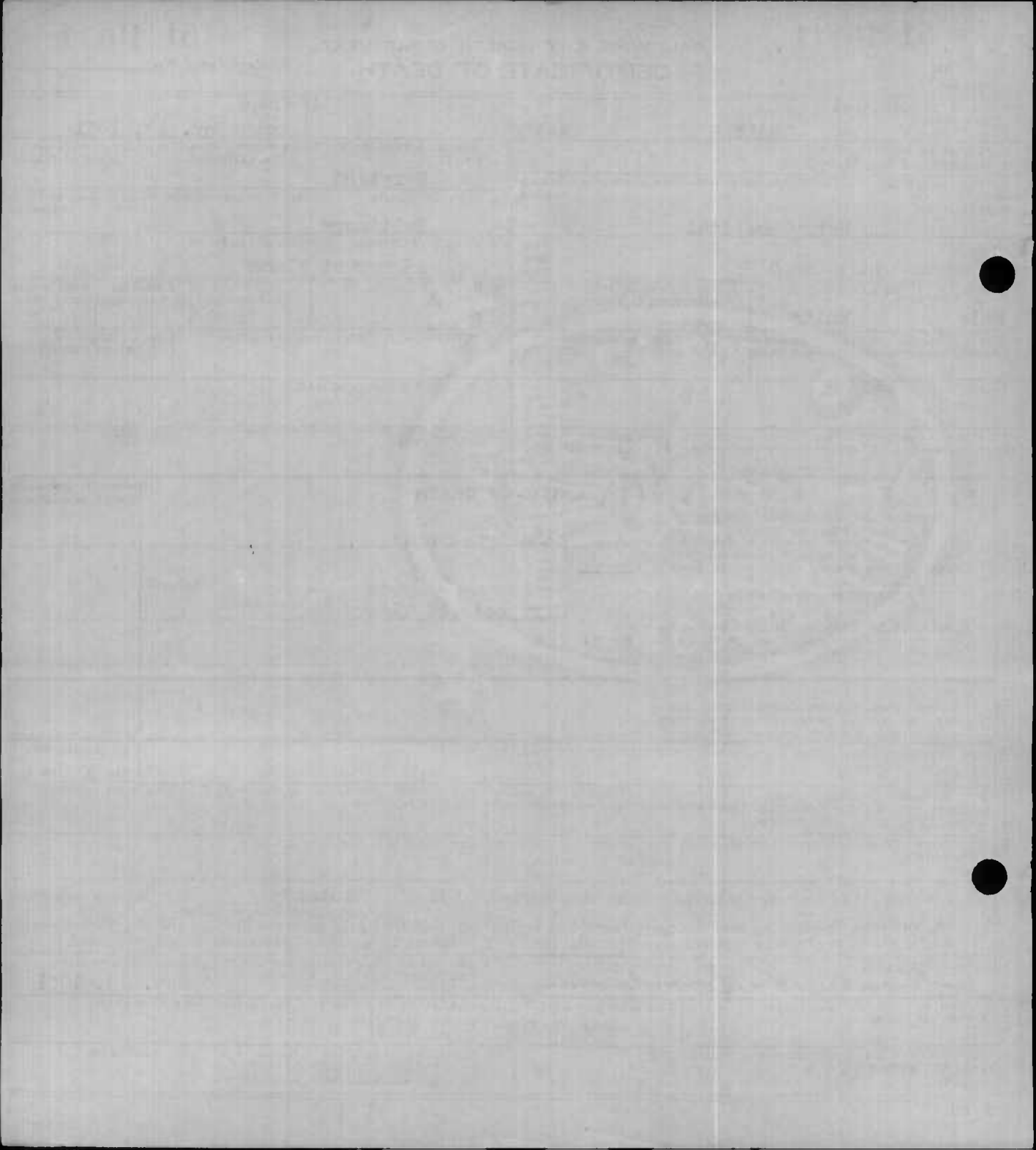
ADDRESS

VS 151

UNIVERSITY MEDICAL SCHOOL NOV 20 1951

Commissioner of Health

108



616 51 10112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10112

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLOE MARIE GRABER

2. DATE
OF
DEATH

11-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 231 Augusta Ave-29

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland - Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Batonville

D. STREET ADDRESS (If rural, give location)

5 Magnolia

5300

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

Female

White

Married

6/30/1903

48

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Housewife

West Virginia

U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Wm Wesley Wolford

Mary Elizabeth Carlisle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

no

Mr. Robert Graber

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) metastatic Carcinoma to Liver
and Left Lung.

9-12 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Duct Cell Carcinoma of Left
Breast.

9-12 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Ovarian Cyst Left Ovary.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

January 24, 1951

Duct cell carcinoma of left breast

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from August, 1951, to November 20, 1951, that I last saw the deceased alive on Nov. 20, 1951, and that death occurred at 11:55 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John A. Hebert, Jr.

M. D.

20 E. Preston St., Balt. 2, Md

21 Nov. 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11/23/51

New Catholic

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

Max Nash & Son - Catonsville - 28

CERTIFICATE OF DEATH

STATE OF OHIO

COUNTY OF COLUMBIA

CITY OF COLUMBUS

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of Burial Officer

Signature of Witness

Signature of Minister

Signature of Undertaker

Signature of Cemetery

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

Signature of Burial

Signature of Interment

636 51 10113

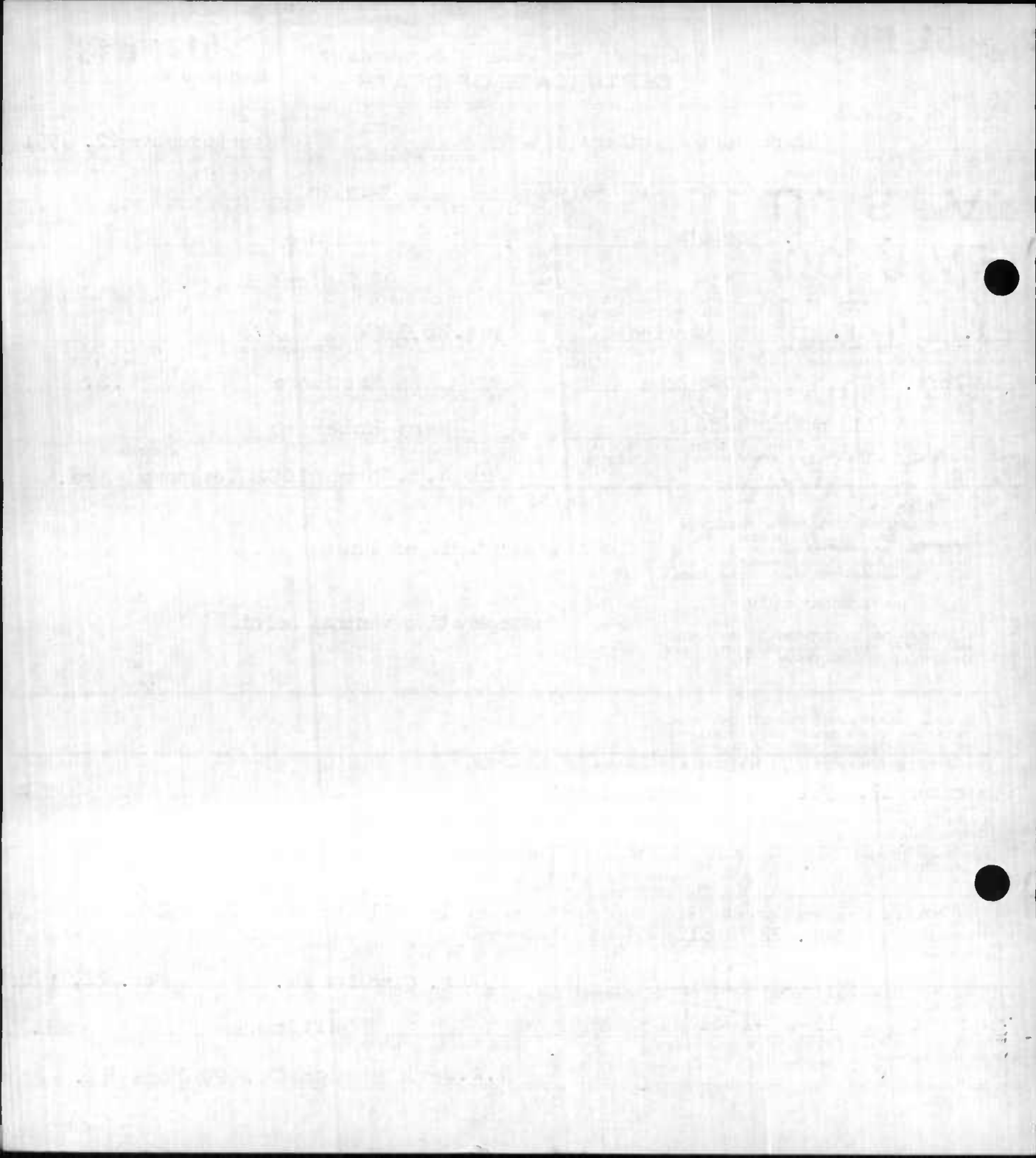
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10113
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Clara Bertha Arther		2. DATE OF DEATH November 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 1002 Glenwood Ave. 27-10	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1976
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.		10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 75
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME William F. Hadell		14. MOTHER'S MAIDEN NAME Mary Roberts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. J.T. Norman		ADDRESS 1002 Glennwood Ave.	

18. 560.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis of lungs DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Postoperative ventral hernia DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION November 17, 1951		19B. MAJOR FINDINGS OF OPERATION Ventral hernia	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from November 15, 1951 to November 22, 1951 that I last saw the deceased alive on Nov. 22, 1951 and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE B. J. Jenkins		23B. ADDRESS 1400 N. Caroline St.	
23C. DATE SIGNED Nov. 22, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-2-1951	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR H.W. Jenkins & Sons Co.		ADDRESS 4905 York Rd.	



425 51 10114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10114

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Catherine Tilghman</i>		2. DATE OF DEATH <i>Nov. 21, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Ashburton House</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Howard</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>3520 N. Hilton Road</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Elbridge</i>	
Length of stay in Baltimore <i>10 months</i>		D. STREET ADDRESS (If rural, give location) <i>5415 Main Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 3, 1863</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Store keeper</i>	9. AGE (in years last birthday) <i>87</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Oliver Tilghman</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Weaver</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Miss Margaret Tilghman</i>		ADDRESS <i>5415 Main St Elbridge, Md.</i>	

MEDICAL CERTIFICATION

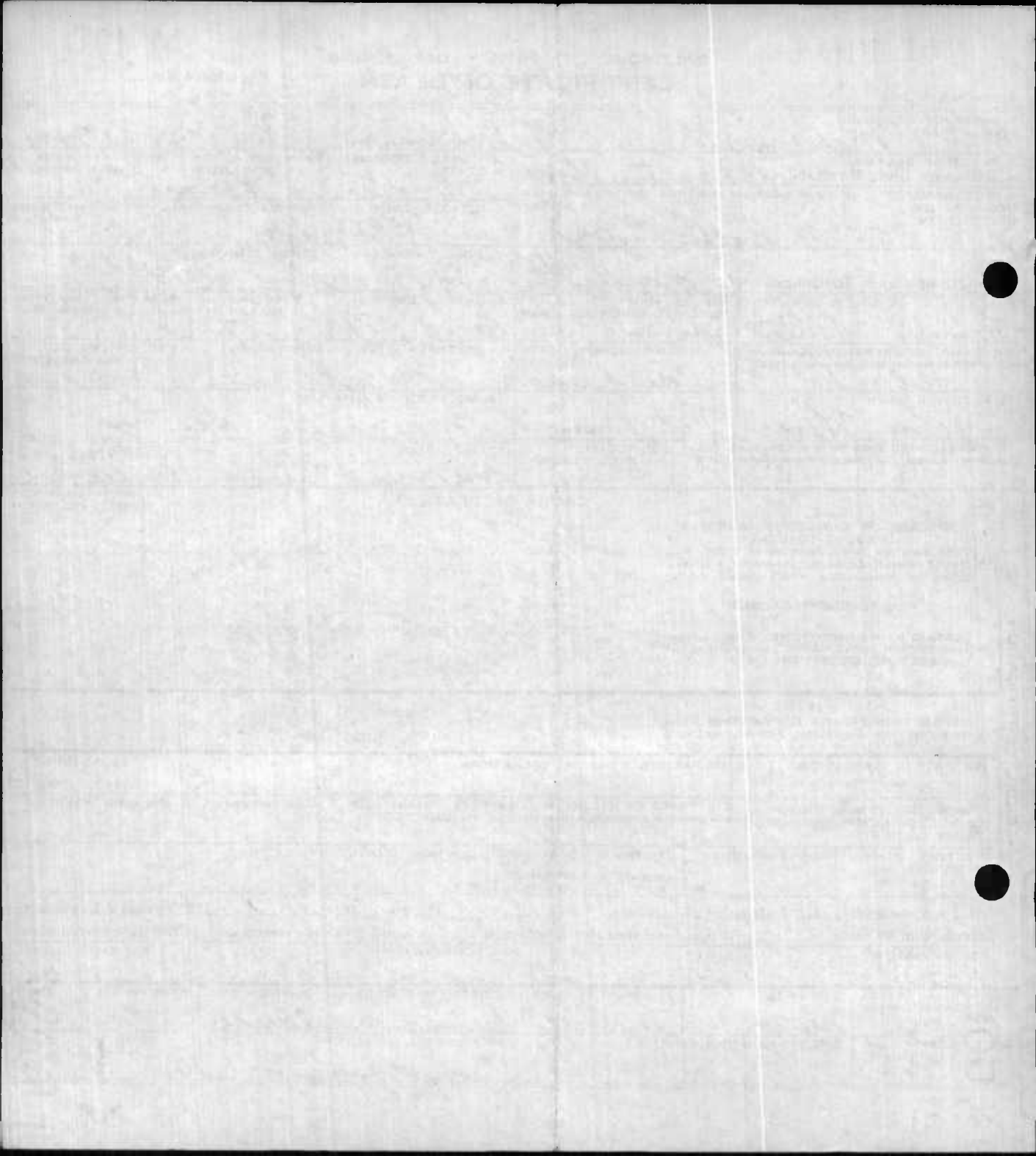
18. <i>422.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Myocardial infarction</i>	<i>1 yr</i>
ANTECEDENT CAUSES	DUE TO <i>General arterio</i>	<i>1 mo</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>St. Han. plegia</i>	<i>1 yr</i>
	(C) <i>Severely</i>	<i>10 yrs</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>?</i>

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 1950* to *Nov 1951*, that I last saw the deceased alive on *Nov 25 1951*, and that death occurred at *1 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Dr. B. B. Brumback</i>	23B. ADDRESS <i>5609 Main St Elbridge, Md.</i>	23C. DATE SIGNED <i>11/26/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 24, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Melville Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Elbridge, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 25 1951</i>	REGISTRAR'S SIGNATURE <i>Thos. Tilghman</i>	25. FUNERAL DIRECTOR <i>Henry W. Jenkins & Son Co.</i>	
		ADDRESS <i>4905 York Rd.</i>	



W-520 51 10115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10115
Registered No.

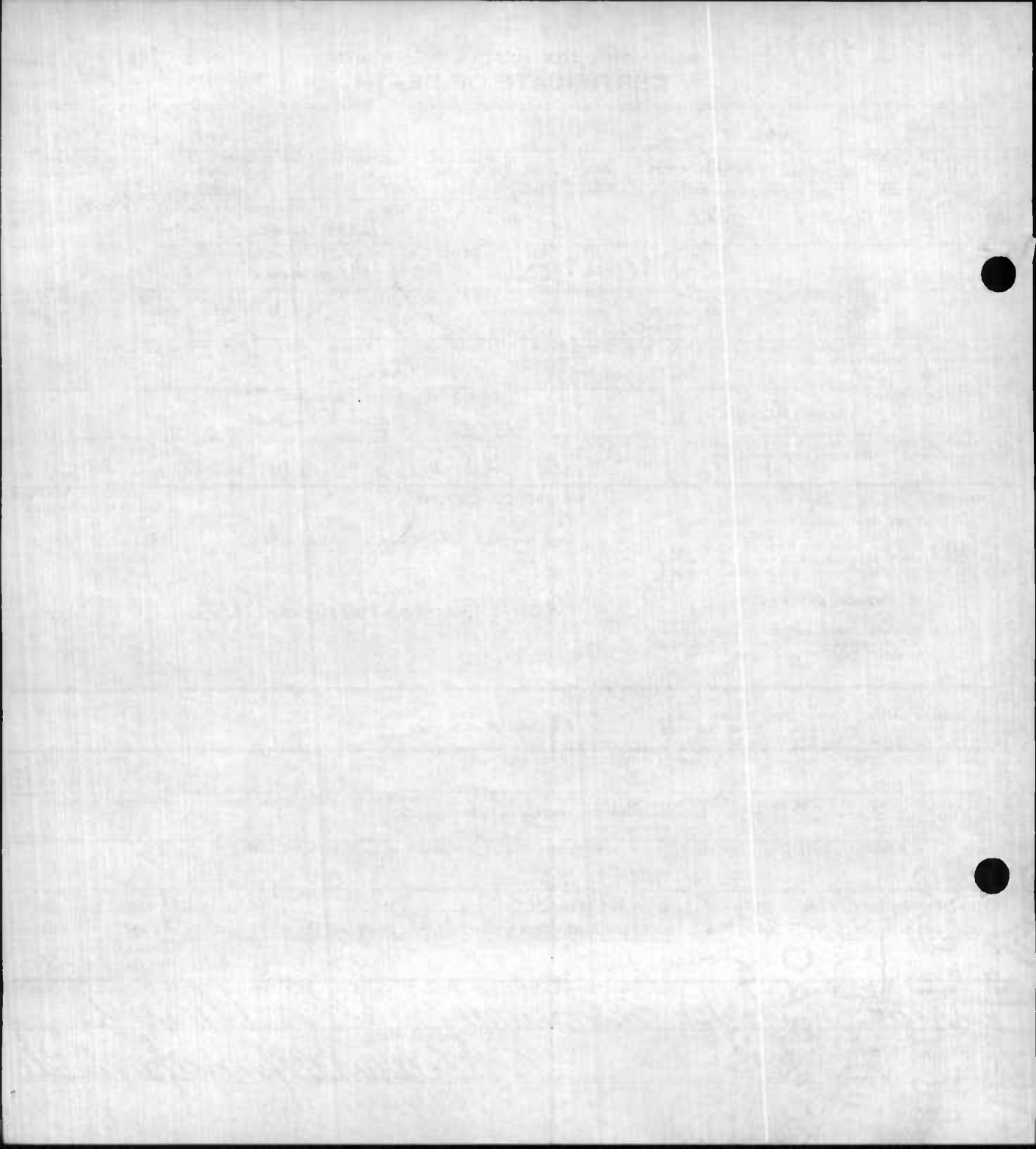
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joe Wong</i>			2. DATE OF DEATH <i>11-20-1957</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>37</i> <i>Mersey Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
Length of stay in Baltimore <i>over 20 years</i> Yrs. <i>20</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>304 Park Ave. 4-01</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Yellow</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>? 1896</i>	9. AGE (In years last birthday) <i>? 55</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Buyer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>		11. BIRTHPLACE (State or foreign country) <i>China</i>	
12. CITIZEN OF WHAT COUNTRY? <i>?</i>			13. FATHER'S NAME <i>Not Known</i>		
14. MOTHER'S MAIDEN NAME <i>Not Known</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>?</i> (If yes, give war or dates of service) <i>?</i>		
16. SOCIAL SECURITY NO. <i>?</i>			17. INFORMANT ADDRESS <i>Robert Lew 2111 Cresson Ave, Balto 7.</i>		

18. <i>443K</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral vascular thrombosis.</i> DUE TO (B) <i>Hypertensive cardiovascular disease</i> DUE TO (C) <i>Diabetes Mellitus</i>	INTERVAL BETWEEN ONSET AND DEATH <i>about 6 years</i> <i>4-5 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes Mellitus</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-20</i> , 19 <i>57</i> , to <i>11-20</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>11-20</i> , 19 <i>57</i> , and that death occurred at <i>4:40</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Eugene Ch. Daumann</i> M. D.		23B. ADDRESS <i>Mersey Hospital</i>		23C. DATE SIGNED <i>11-20-1957</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 23/57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1957</i>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS <i>Stewart Morris / Balto</i>	



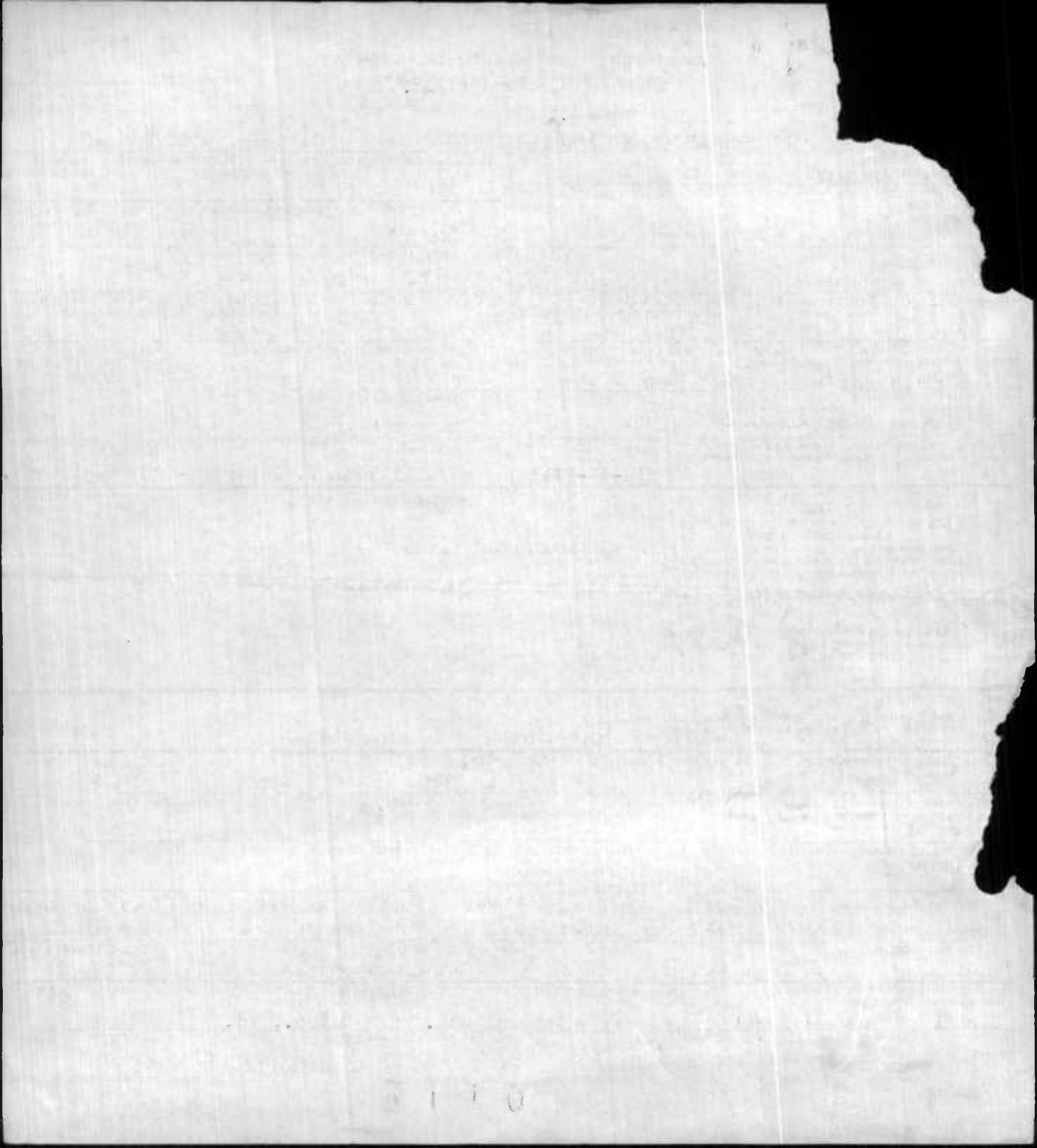
16

51 10116

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED JOHN HERMAN (HARRY) ACKERMANN				2. DATE OF DEATH 20 Nov '51			
3. PLACE OF DEATH Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
5. NAME OF HOSPITAL OR INSTITUTION Mercy Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 5200 Maple Ave 27-17			
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10. DATE OF BIRTH 16 Sept 1887		11. AGE (In years last birthday) 64	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Wagon Master				13. BIRTHPLACE (State or foreign country) Md.		14. CITIZEN OF WHAT COUNTRY? USA	
15. FATHER'S NAME Herman Ackerman				16. MOTHER'S MAIDEN NAME Unknown			
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no				18. SOCIAL SECURITY NO. 218-09-8711			
19. ADDRESS Mrs. Lillian T. Ackerman-5200 Maple Ave.				20. INFORMANT Mrs. Lillian T. Ackerman-5200 Maple Ave.			
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 022X and 002X Ruptured Aortic Aneurysm				22. INTERVAL BETWEEN ONSET AND DEATH			
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis				24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. DATE OF OPERATION 21				26. MAJOR FINDINGS OF OPERATION			
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
29. TIME (Month) (Day) (Year) (Hour) OF INJURY				30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
31. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK				32. HOW DID INJURY OCCUR?			
33. I hereby certify that I attended the deceased from 19 Nov, 1951, to 20 Nov, 1951, that I last saw the deceased alive on 20 Nov, 1951, and that death occurred at 6:45 Am., from the causes and on the date stated above.							
34. SIGNATURE L. R. Simon				35. ADDRESS Mercy Hospital		36. DATE SIGNED 20 Nov '51	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE 11/24/51		39. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.		40. LOCATION (City, town, or county) (State) Balto., Md.	
41. DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951				42. REGISTRAR'S SIGNATURE Wm. J. Vickers & Sons			
43. VS 150				44. FUNERAL DIRECTOR'S ADDRESS 390 93 16 302 Balto Md.			



R-250
51 10117BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10117
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Edna Mildred Riffin		2. DATE OF DEATH November 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION Hosp. Women Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 15-47	
Length of stay in Baltimore 49 yrs		D. STREET ADDRESS (If rural, give location) 2813 Windsor Ave (16)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH AUG. 10, 1902
9. AGE (in years last birthday) 49		10. CITIZEN OF WHAT COUNTRY? USA	
11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Benjamin Lawman		14. MOTHER'S MAIDEN NAME Alice V. Ziegler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT Robert E. Riffin		ADDRESS 2813 Windsor	
18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Empyema, st		INTERVAL BETWEEN ONSET AND DEATH 10 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Unresolved pneumonia		DUE TO 20 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1) Diabetes Mellitus 5 yrs		DUE TO Hydrops Gall Bladder 10 days	
19A. DATE OF OPERATION 2 Nov-51		19B. MAJOR FINDINGS OF OPERATION Hydrops of Gall Bladder	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) —	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —			
21D. TIME (Month) (Day) (Year) (Hour) INJURY —		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR? —			
22. I hereby certify that I attended the deceased from 27 Sept, 1951 , to 20 Nov, 1951 , that I last saw the deceased alive on 20 Nov, 1951 , and that death occurred at 10:15 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE George M. Schepman		23B. ADDRESS 20 E. Preston St	
23C. DATE SIGNED 20-NOV-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Nov. 24, 1951	
24C. NAME OF CEMETERY OR CREMATORY DRUID RIDGE CEM		24D. LOCATION (City, town, or county) (State) PIKESVILLE MD	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951		REGISTRAR'S SIGNATURE Wm. J. Tuckner	
25. FUNERAL DIRECTOR Wm. J. Tuckner		ADDRESS Low Line Balto md	

RECEIVED
JAN 10 1964

RECEIVED
JAN 10 1964

1110

-240 51 10118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10118

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HATTIE M. BAGLEY			2. DATE OF DEATH NOV. 21 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTIMORE CITY		
B. FULL NAME OF HOSPITAL OR INSTITUTION WALBERT APTS. 1800 N. CHARLES ST.			C. CITY OR TOWN BALTIMORE MD.		
D. STREET ADDRESS (If rural, give location) 1800 N. CHARLES ST.			12-05		
5. SEX F.			6. COLOR OR RACE WHITE		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE			8. DATE OF BIRTH OCT. 7 1880		
9. AGE (In years last birthday) 71			10. BIRTHPLACE (State or foreign country) BALTIMORE COUNTY		
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME CHARLES BAGLEY			14. MOTHER'S MAIDEN NAME ELLA VIRGINIA McCALEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. _____		
17. INFORMANT MRS. NELLIE B. MATTINGLY FALLSTON MD.			ADDRESS _____		

18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Respiratory Failure			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Coronary Thrombosis			
		DUE TO			
		(C) Arteriosclerosis			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH No		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 19 50 , to Date , 19 51 , that I last saw the deceased alive on Nov 16 , 19 51 , and that death occurred at 1:30 m., from the causes and on the date stated above.					
23A. SIGNATURE W. H. J. J. J. J.		23B. ADDRESS 14 E. Eager St		23C. DATE SIGNED Nov 21, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-23-51		24C. NAME OF CEMETERY OR CREMATORY Union Chapel	
24D. LOCATION (City, town, or county) Harford Co.		24E. STATE MD.		25. FUNERAL DIRECTOR Wm. J. Tietner & Sons	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951		REGISTRAR'S SIGNATURE Wm. J. Tietner		ADDRESS Balt MD	

MEDICAL CERTIFICATION

NOT A MEDICAL EXAMINER'S CASE

William C. Smith M.D.

CHIEF OR ASST. MEDICAL EXAMINER

D-600
51 10119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10119
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE R. DERR

2. DATE
OF
DEATH

Nov. 21, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

8. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2936 W. North Ave.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

a. STATE

Md.

b. COUNTY

before admission)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

2936 W. North Ave.

15-06

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

never worked

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William A. Derr

14. MOTHER'S MAIDEN NAME

Mary Marvinna Stiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. George Derr-2936 W. North Ave.

18. 156.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Uterus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 years?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arterio sclerosis the CV Disease

?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1951, to Nov. 21, 1951, that I last saw the deceased alive on Nov. 21, 1951, and that death occurred at 6 A.m., from the causes and on the date stated above.

23a. SIGNATURE

Carleton H. King

M. D.

23b. ADDRESS

1326 W. Lombard St.

23c. DATE SIGNED

Nov. 23, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

11/24/51

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Carleton H. King

25. FUNERAL DIRECTOR

Wm. J. Tiekner & Sons

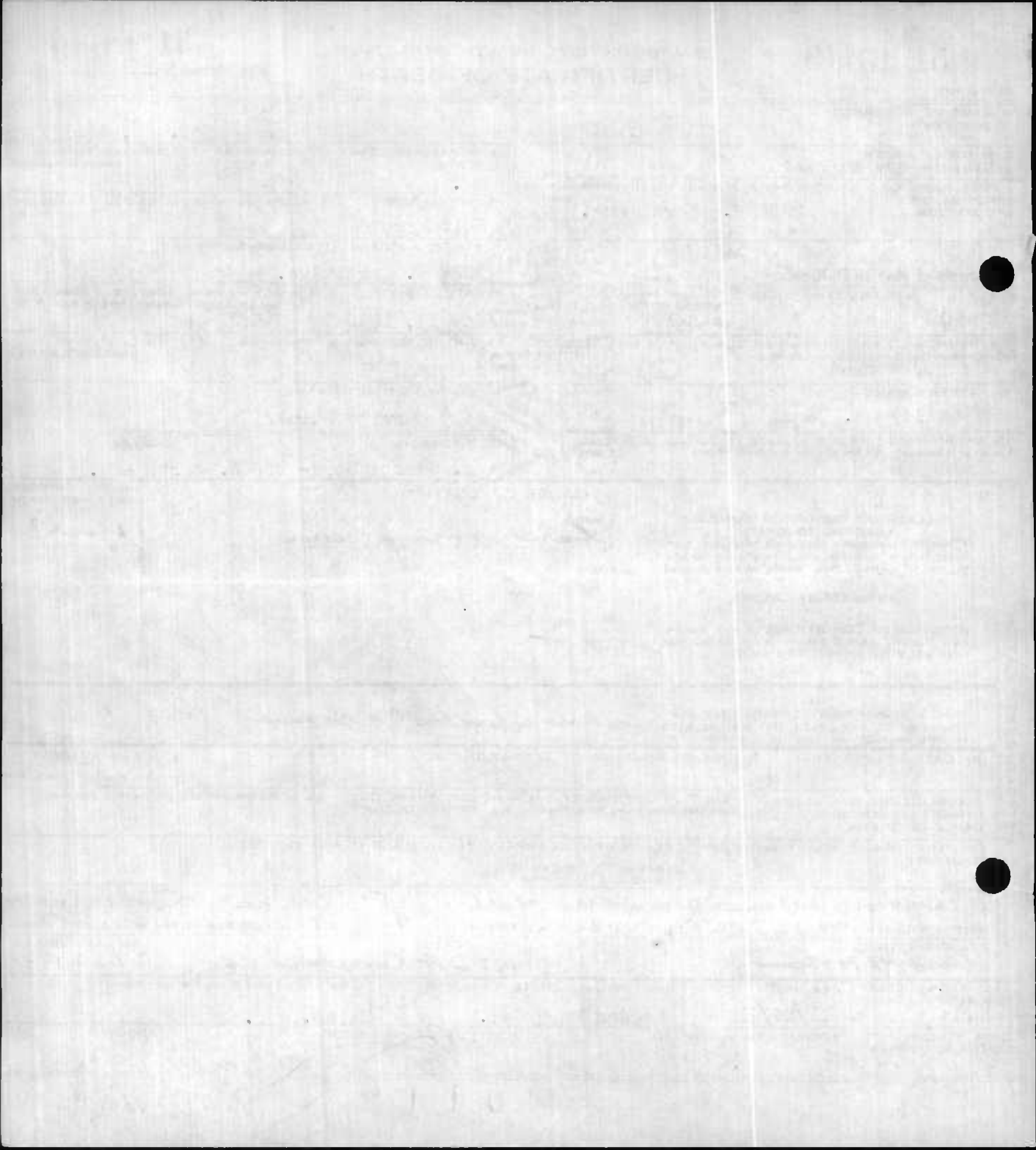
ADDRESS

Balto Md.

VS 150

46F

MEDICAL CERTIFICATION



-200 51 10120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10120
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nellie Gassaway (Nellie A. Gassaway)

2. DATE
OF
DEATH

November 20, 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. COUNTY City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Singer Hospital of Baltimore, Inc.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

II N. Rosedale Street

20-06

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

about (I-II-I881 about 70

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

?-Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Neal

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Ruth A. Valentine-3209 Westfield Ave.

18. 560.4

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardiac failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Pulmonary Edema

DUE TO

(C)

Pulmonary Congestion

INTERVAL BETWEEN ONSET AND DEATH

10/19/57

10/20/57

10/19/57

10/20/57

10/19/57

10/20/57

10/19/57

10/20/57

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov 13, 1957

19B. MAJOR FINDINGS OF OPERATION

internal hernia, gangrenous ileum

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1957 to 10/20, 1957, that I last saw the deceased alive on 10/20, 1957, and that death occurred at 4:43 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Elmer Bengard

M. D.

23B. ADDRESS

Senior Hospital

23C. DATE SIGNED

10/20/57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

II-23-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county) (State)

Taylor Avenue, Balto: Co, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue

CHARTERED BY THE

NAVY

NAVY

NAVY

NAVY

NAVY

NAVY

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NAVY

NAVY

NAVY

51 10121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10121
Registered No.

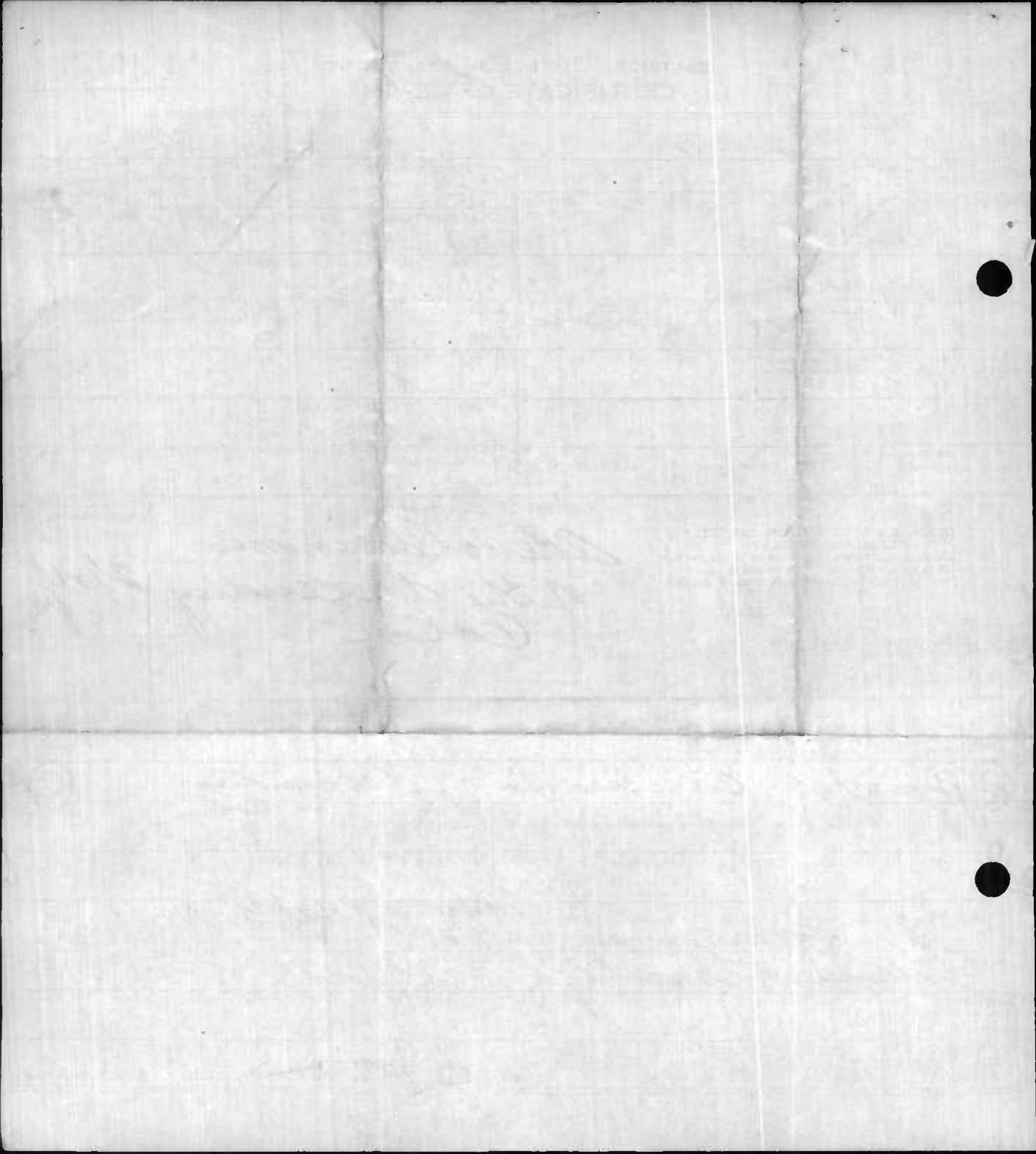
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Joseph Sweeney		2. DATE OF DEATH 11/21/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 507 E. 41st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 9-01	
D. STREET ADDRESS (If rural, give location) 507 E. 41st Street		5. LENGTH OF STAY IN BALTIMORE 53 Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman		10B. KIND OF BUSINESS OR INDUSTRY Globe Brewery	9. AGE (In years last birthday) 53 If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Denis Brian Sweeney		14. MOTHER'S MAIDEN NAME Sabina Doyle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John J. Sweeney, Jr. Glen Argyle Road		ADDRESS	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH Adeno-Carcinoma of the descending Colon DUE TO (A) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION June 23/48	19B. MAJOR FINDINGS OF OPERATION Carcinoma of descending Colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1940, 19, to Nov 21, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 2:15 a. m., from the causes and on the date stated above.		
23A. SIGNATURE William F. Braghty, M.D.	23B. ADDRESS 10 E. Biddle St.	23C. DATE SIGNED Nov 21/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/24/51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral
24D. LOCATION (City, town, or county) Baltimore, Md.		

DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951	REGISTRAR'S SIGNATURE John Williams	25. FUNERAL DIRECTOR W. B. Means and Son	ADDRESS 805 1/2 Calver St.
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RECEIVED
JAN 10 1964

552
51 10123BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10123
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*1821 S. Charles St.*Length of stay in Baltimore *Life*

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Park Board

13. FATHER'S NAME

*Michael F. Manning*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

Nov. 20, 1951

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

1821 S. Charles St.

8. DATE OF BIRTH

Aug 16.

9. AGE (In years last birthday)

67.

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Mary O'Connell

17. INFORMANT

ADDRESS

*Joseph L. Manning 1317 Ramothwood*18. *163X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of lung.

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/22*, 1951, to *11/20*, 1951, that I last saw the deceased alive on *10/17*, 1951, and that death occurred at *10:23* p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**11/24/1951**Cedar Hill**A. A. Co. - Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

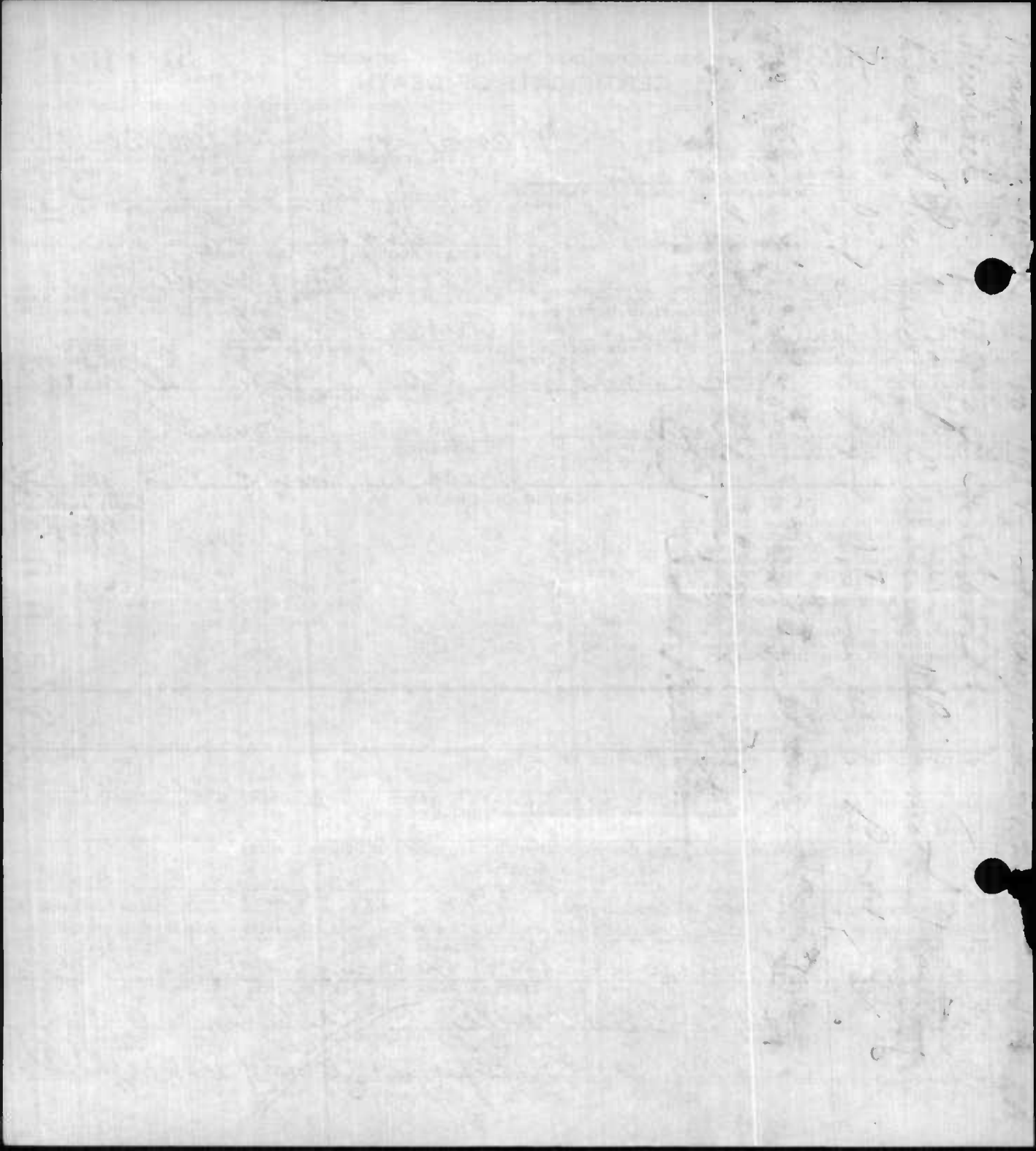
ADDRESS

*NOV 23 1951**William H. Williams, Jr.**Flynn & Fleming 1426 Light St.*

VS 150

930 93

47D



BSS 51 10124

AB-149326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10124

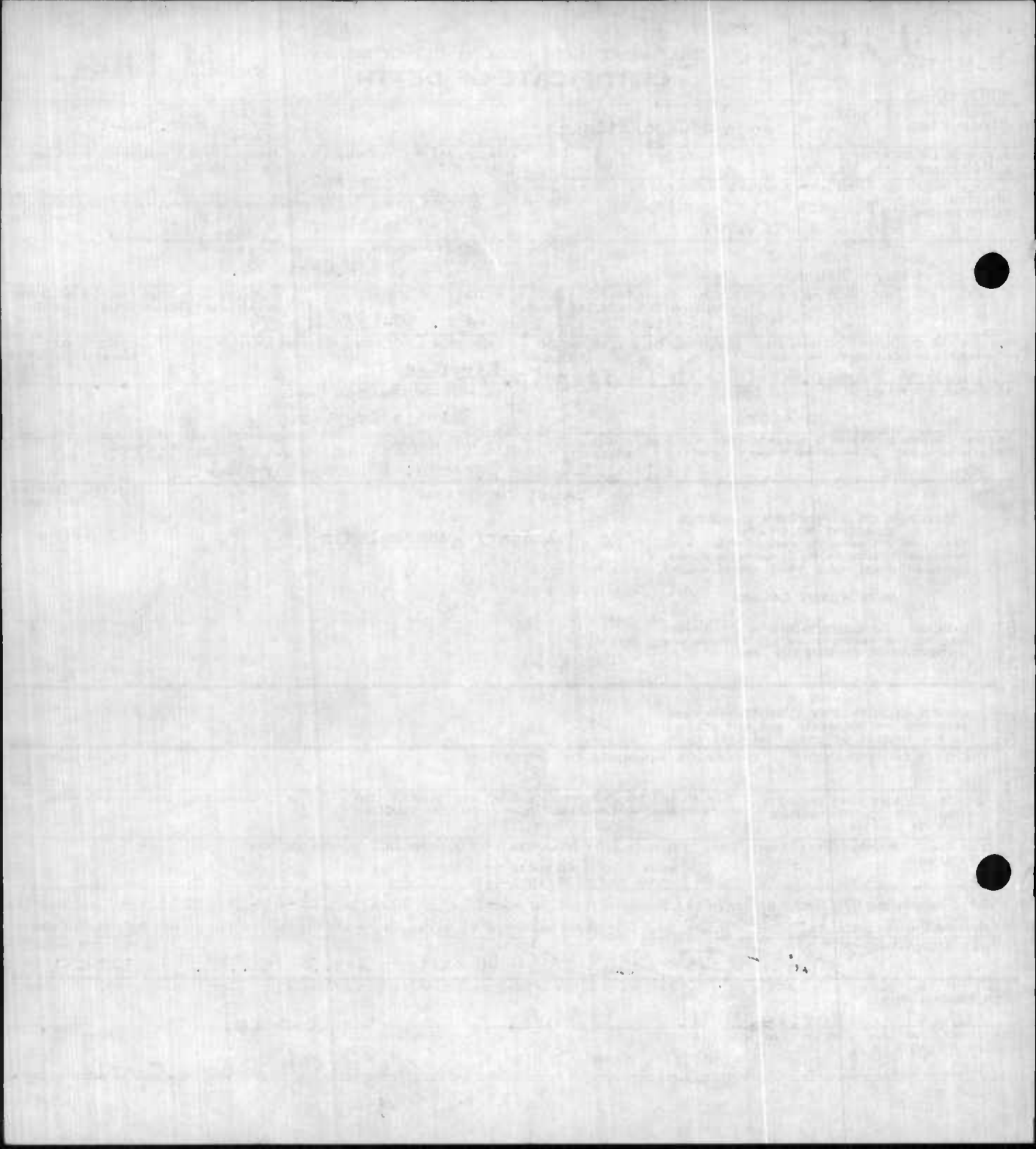
BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Edward Eidman		2. DATE OF DEATH Nov. 21-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01	
D. STREET ADDRESS (If rural, give location) 628 W. Cross St.		Yrs. Mos. Days	
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		B. DATE OF BIRTH Sept. 30-1877	
9. AGE (In years last birthday) 74		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pattern Maker.		10B. KIND OF BUSINESS OR INDUSTRY Stein Uniform Co. clothing (m)	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John Eidman		14. MOTHER'S MAIDEN NAME Minnie Kray (Kroy)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-07-4292	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		ADDRESS	

18. 002X I CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis		7 months
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-11-1951, to 11-21-1951, that I last saw the deceased alive on 11-21-1951, and that death occurred at 10P m., from the causes and on the date stated above.				
23A. SIGNATURE D. S. C. C. C.		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 11-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 24, 1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR A. Edward Evans		ADDRESS 1406 S. Charles St.	



263

51 19125

CERTIFICATE CORRECTED 11-23-51

BALTIMORE CITY HEALTH DEPARTMENT

51 19125

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)LORENA
LEONORA MC GARRITY2. DATE
OF
DEATH

11.22.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN HOSP

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE MARYLAND B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 25-05

D. STREET ADDRESS (If rural, give location)

4115 GRACE COURT

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

5.25.1900

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

NORFOLK VA

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM E. FIZER

14. MOTHER'S MAIDEN NAME

LEONA EAST

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

WILLIAM E. McGARRITY 4115 GRACE CT

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Raynaud's disease
GANGRENE OF LEFT INDEX FINGER

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic C.V.D.

(C)

dermatomyositis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11.8.51

19B. MAJOR FINDINGS OF OPERATION

DRY GANGRENE OF LEFT INDEX FINGER

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.3.1951, to 11.22.1951 that I last saw the
deceased alive on 11.22.1951, and that death occurred at 12.30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. Lotti

M. D.

23B. ADDRESS

LUTH. HOSPITAL

23C. DATE SIGNED

11.22.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11/26/51

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county)

RITCHIE HWY

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. Lotti, for Williams, M.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DEXNEY, INC 715 LIGHT ST - 30

7202-582-7 V.V.

100

10-10-68

525-11

300 51 10126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10126

Registered No.

BIRTH NO. <i>non Rec.</i>		2. DATE OF DEATH <i>Nov 20, 1951</i>	
1. NAME OF DECEASED (Type or Print) <i>Nathanial Boyd</i>		3. PLACE OF DEATH: A. Baltimore City, Maryland <i>HLH-3W</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>963 N. Washington St.</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>COLORED</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>3-11-49</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>2</i>
13. FATHER'S NAME <i>Willie Bain</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Cerebral anoxia</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Thrombosis</i>	
	(C) <i>Congenital cyanotic heart disease</i>	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>11/20/51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Cerebral atrophy, increased amount of ventricular fluid.</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 12, 1951*, to *Nov 20, 1951*, that I last saw the deceased alive on *Nov 20, 1951*, and that death occurred at *11:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>William Pinkerton Jr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11/21/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 23/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>A.A. County Md</i>	24E. FUNERAL DIRECTOR <i>Mrs. Robert A. Elliott & Daughter</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1951</i>		ADDRESS <i>1129 N. Caroline St. 157E</i>

VALLEY
CONGREGATION

BOUND
COPIES

426
51 10127BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10127
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CARROLL WALKER		Nov. 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
		A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE		C. CITY OR TOWN (If outside corporate limits, write R.U.R. L and give township)	
Provident Hospital		Baltimore	
5. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		1830 Ashland Ave	
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	Colored	Single	April 13 1921
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Laborer		Spec	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Walker		Georgia Walker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		ADDRESS	
Georgia Walker		✓	

18. 002X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Pulmonary tuberculosis	
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

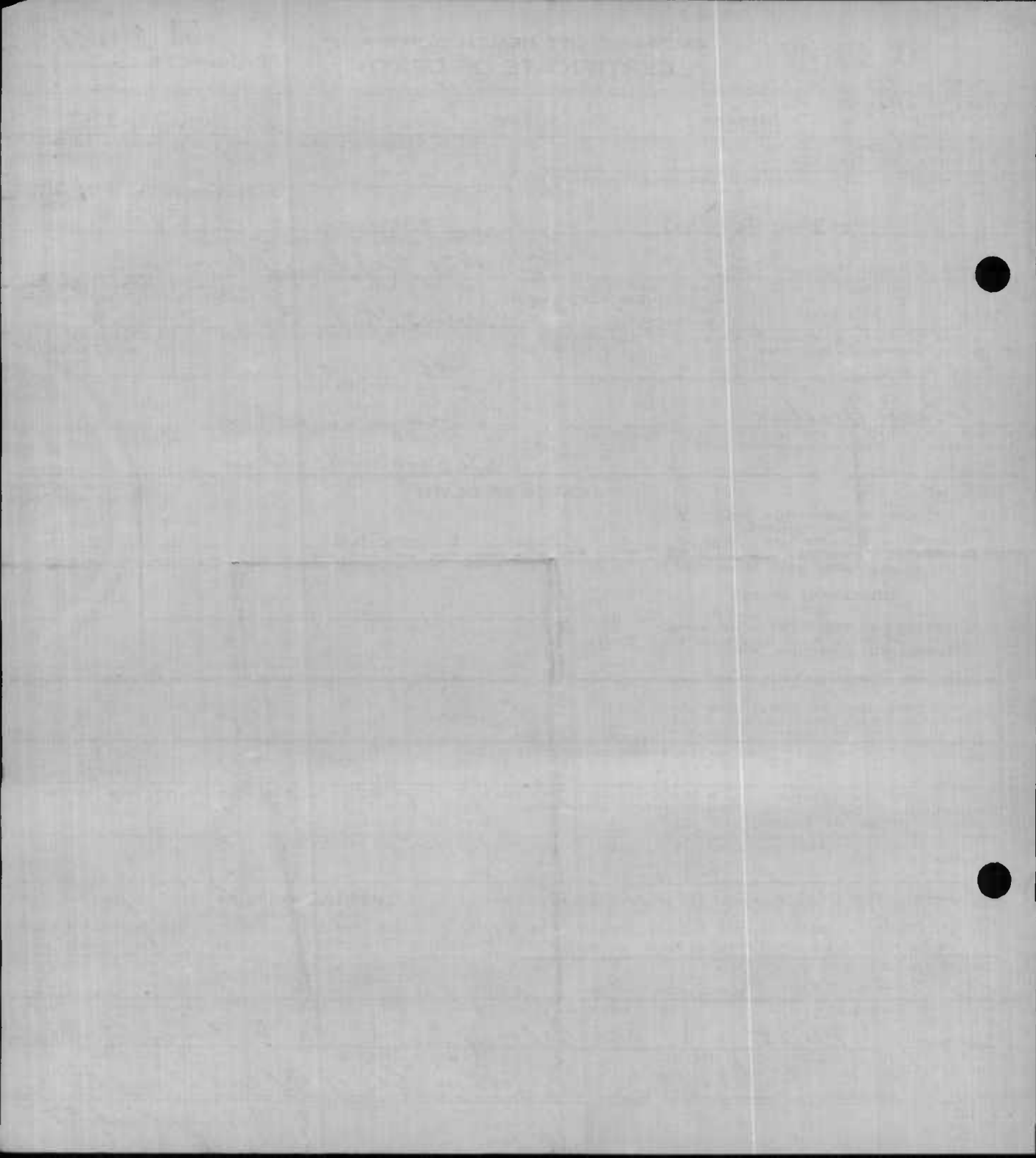
22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED
Stanley H. Dunschee M.D.		Nov. 21, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
Burial	Nov 25/51	Mt. Calvary Cem.
24D. LOCATION (City, town, or county)		(State)
A. A. County Md.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
NOV 23 1951	Wm. J. Williams	Mrs. Robt. A. Elliott & Daughter

VS 151

97099

11297. Caroline ST
13B ✓



650 51 10128

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10128
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mrs. Katie GREEN</i>		2. DATE OF DEATH <i>Nov. 21, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Church Home & Hospital</i> B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home and Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-00</i> D. STREET ADDRESS (If rural, give location) <i>608 Bartlett ave.</i>	
5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>June 13, 1872</i> 9. AGE (In years last birthday) <i>78</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Kister</i>		14. MOTHER'S MAIDEN NAME <i>Katie TIES</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Church Home & Hospital</i>		ADDRESS	

18. *181X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Chloria*
DUE TO*2 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Adenocarcinoma of Bladder*
DUE TO
(C) *Metastasis**9 yr.*
?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Arterio-sclerotic Heart disease**?*

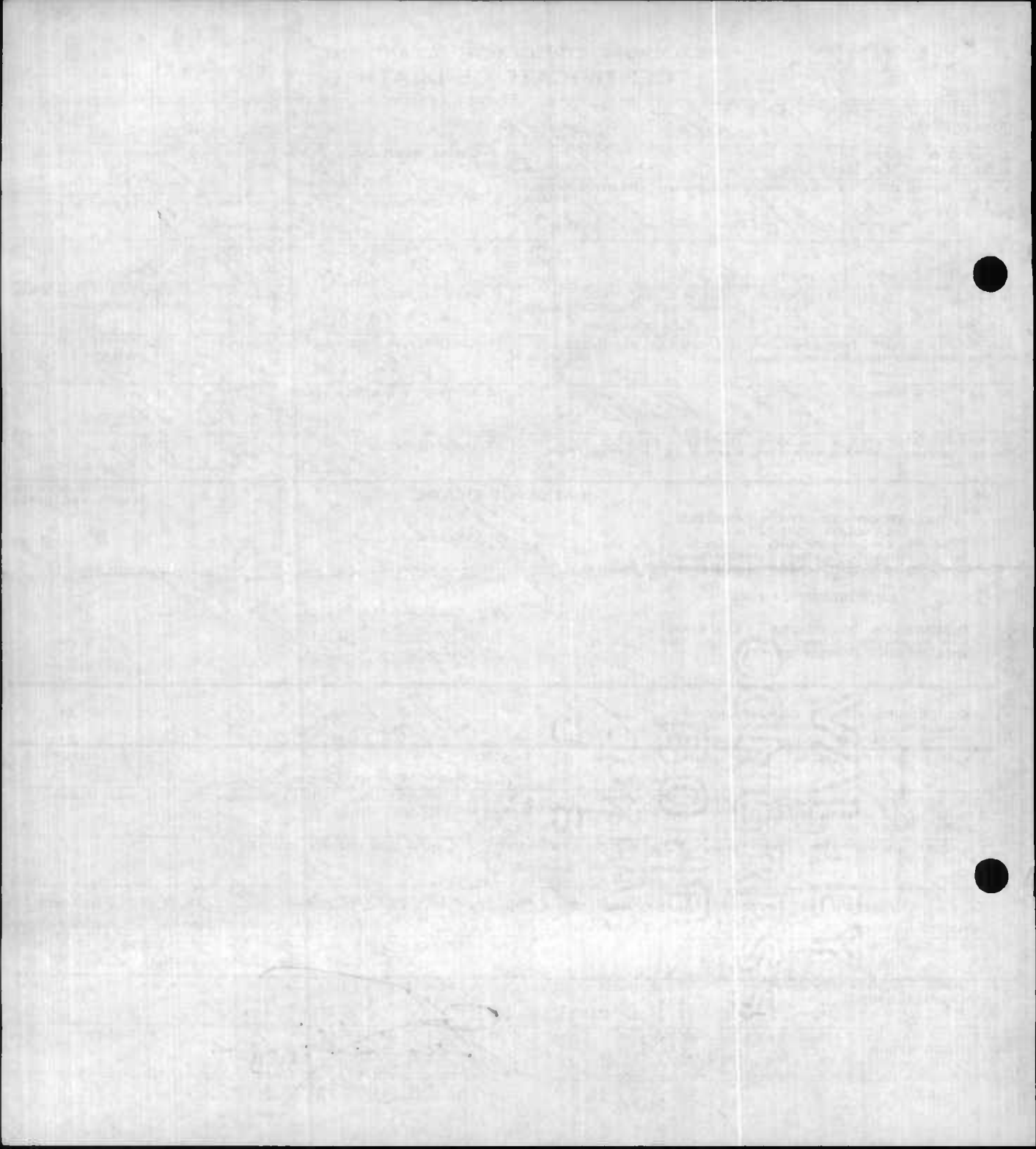
19A. DATE OF OPERATION <i>Oct. 16, 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Adenocarcinoma of Bladder</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 16, 1951</i> , to <i>Nov. 21, 1951</i> , that I last saw the deceased alive on <i>Nov. 21, 1951</i> , and that death occurred at <i>9:55 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Witchener</i>		23B. ADDRESS <i>Church Home & Hospital</i>		23C. DATE SIGNED <i>Nov. 21, 1951</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11-24-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i>		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>WIEDEFELD & SON</i>		ADDRESS	

GREENMOUNT AVE & 22ND

52B

MEDICAL CERTIFICATION



5720 51 10129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10129

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William De Moss

2. DATE
OF
DEATH

November 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMATION ADDRESS

18. E903.7, and 177X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

William De Moss M.D.
CHIEF OR ASST. MEDICAL EXAMINERINTERVAL BETWEEN
ONSET AND DEATH

5 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinoma of prostate Septic ulcer

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒22. I hereby certify that I attended the deceased from 11-10, 1951, to 11-14, 1951, that I last saw the
deceased alive on 11-19, 1951, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

William De Moss

b. E. Arthur, Fork, Md.

C. E. Arthur
York

536 51 10130

Lindhorst
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10130
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cecilia Lindhorst

2. DATE
OF
DEATH

11/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland 27-01
Baltimore #14

8. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hospital

D. STREET ADDRESS (If rural, give location)

7111 Chambers Road

Length of stay in Baltimore

75

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

May 5, 1865

9. AGE (In years last birthday)

86

11 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

3 Dobrinski ~~Lindhorst~~

14. MOTHER'S MAIDEN NAME

(?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Daughter -

ADDRESS

same

18. 465X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Mesenteric thrombosis
with

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pulmonary embolism

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1951 to Nov 19, 1951, that I last saw the deceased alive on Nov 19, 1951, and that death occurred at 11:15 m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Buehl Jr.

M. O.

23B. ADDRESS

Mercy

23C. DATE SIGNED

11/19/51

24A. BURIAL CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11-23-51

PARKWOOD CEM.

TAYLOR AVE. BALTO. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

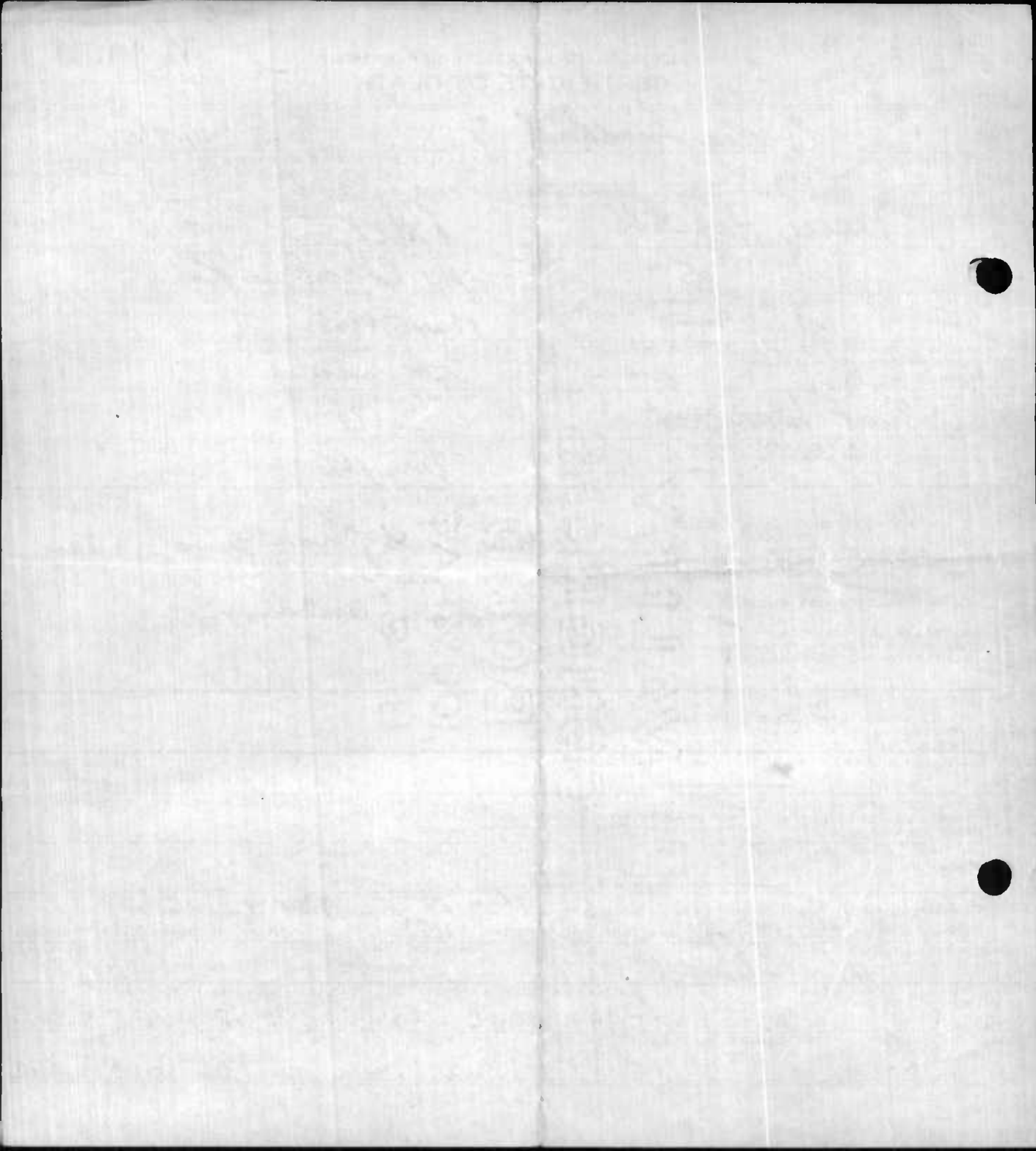
25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

[Signature]

Paul A. Heermann 6067 HARFORD RD



100
51 10131BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10131
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET A. DOVE

2. DATE
OF
DEATH

NOV. 21-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1217 E FEDERAL ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1217 E. FEDERAL ST

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

NOV. 12-1881

9. AGE (In years,
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESLADY

10B. KIND OF BUSINESS OR
INDUSTRY

RETIRED-BAKERY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

MICHAEL J. ROCHE

14. MOTHER'S MAIDEN NAME

MARIA KOHAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-15-1006

17. INFORMANT

ADDRESS

MRS. F. SCHONICK 1217 E. FEDERAL ST

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Intermittent HT. Disease - 2 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Heart Failure -

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9am, 1939, to Nov. 21, 1951, that I last saw the
deceased alive on Nov 18, 1951, and that death occurred at 7:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Sol Smith

M. D.

23B. ADDRESS

1223 E NURK

23C. DATE SIGNED

11/23/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 24-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer St

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

Clarence H. Hoffmann 1639 Broadway

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

DEATH CERTIFICATE

NO. 1000

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

DIAGNOSIS

REMARKS

436 51 10132
BIRTH NO. 50-28167

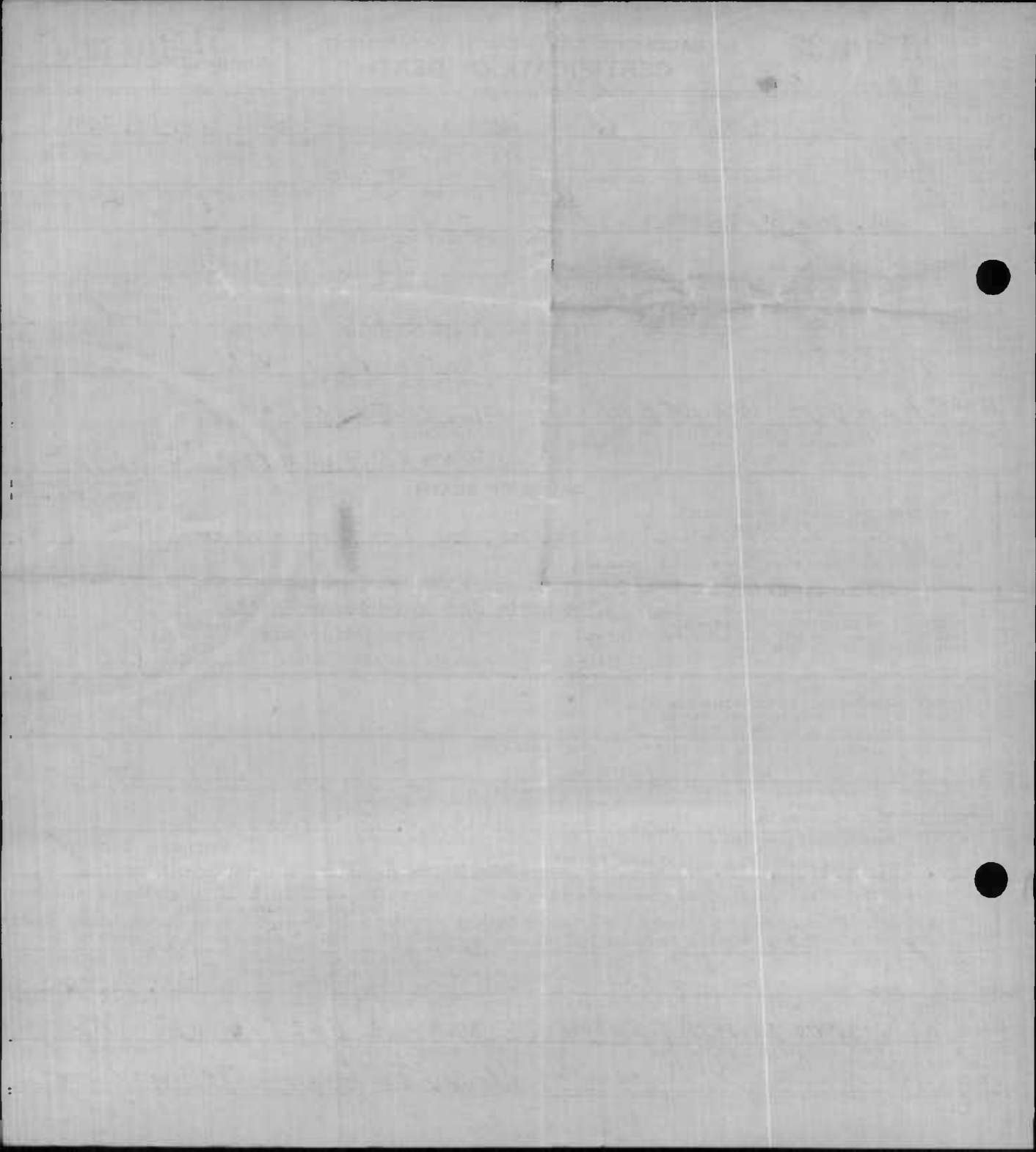
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10132
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
BARBARA E WALTER		Nov. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		A. STATE Maryland B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1740 N. Bond Street	
Length of stay in Baltimore Yrs. Mos. Days		8-06	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH Dec. 28-1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 10 24
13. FATHER'S NAME BERNARD H. WALTER		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME MILDRED M'DANIEL	
17. INFORMANT BERNARD H. WALTER		ADDRESS 1740 N. BOND ST	

18. E 916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) 1st, 2nd, 3rd degree burns of trunk DUE TO (B) Asphyxia due to carbon monoxide DUE TO hemoglobinemia (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1740 N. Bond Street			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 21, 1951 A. m.	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input checked="" type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? Furnace became overheated and set house afire			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley S. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Nov. 21, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE NOV. 26-1951	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL	24D. LOCATION (City, town, or county) (State) BALTIMORE MD		
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Blavene F. Hoffmann	
				ADDRESS 1639 Broadway	



62° 51 10133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10133
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Vilprando M. Brooks

2. DATE
OF
DEATH

November 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1100 W. Lafayette Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-01

D. STREET ADDRESS (If rural, give location)

1100 W. Lafayette Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

July 18, 1896

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

S

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U. S. A.

13. FATHER'S NAME

Addison T. Brooks

14. MOTHER'S MAIDEN NAME

Susie White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Susie Brooks 1100 W. Lafayette

18. 163X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma Lung
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

5-3-57

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-51 19, to 11-20-51 19, that I last saw the
deceased alive on 11-20-51, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

11-24, 1951

Mt. Auburn Cem

Baltimore,

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

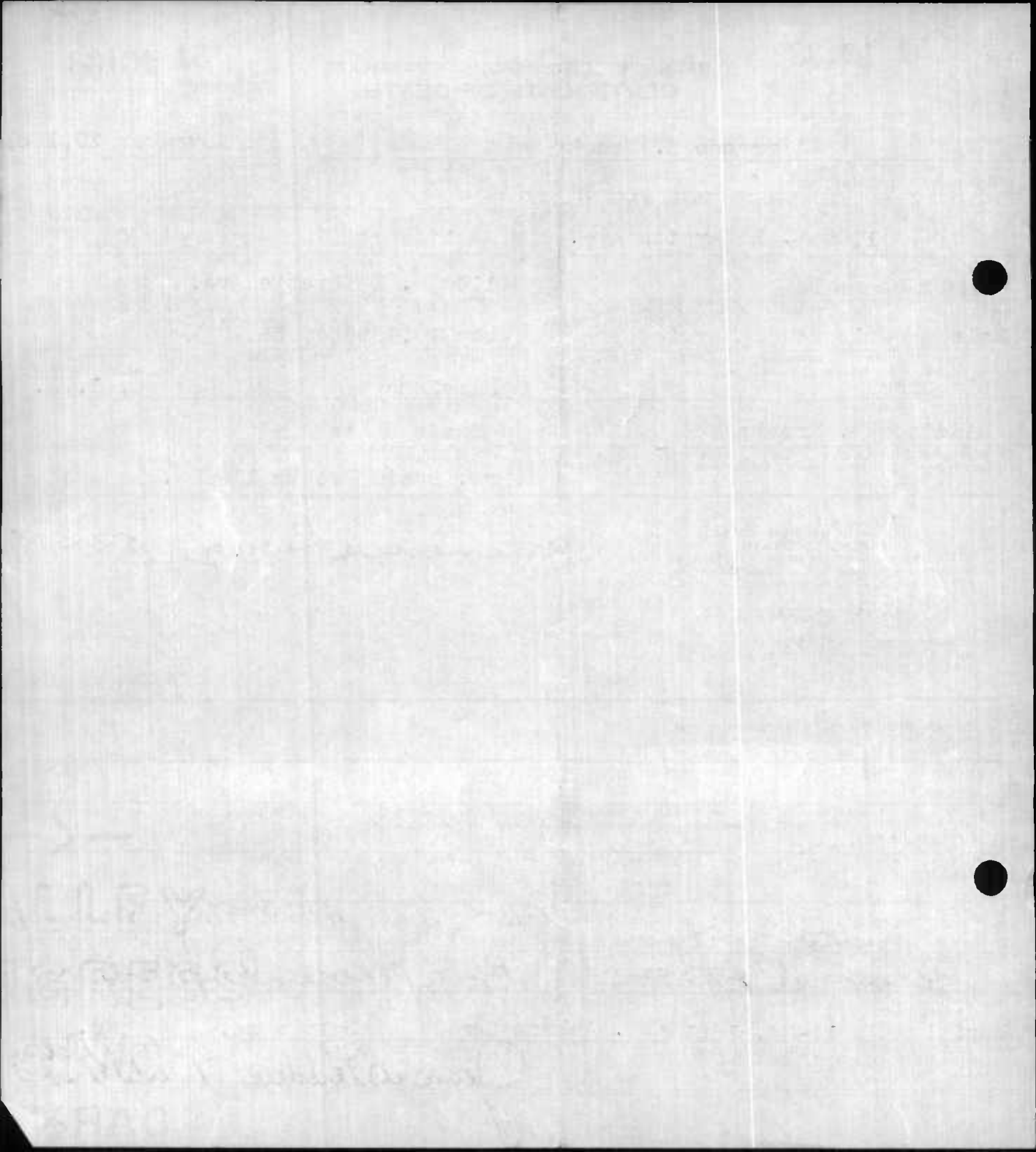
ADDRESS

NOV 25 1951

George W. Radden

436 W. Reddle St.

436 W. Reddle St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10134**

530
51 10134
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Wilmer H. Smith</i>			2. DATE OF DEATH <i>11/20/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>13-06</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Margaret Ben. Hays</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3402 Hickory Ave #11</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W.C.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 6 1894</i>	9. AGE (In years last birthday) <i>57</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Driver Retired</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>		
11. BIRTHPLACE (State or foreign country) <i>Md.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Charles G. Smith</i>			14. MOTHER'S M maiden NAME <i>Sarah Elizabeth Neal</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>—</i>		
17. INFORMANT <i>Mrs. Nellie L. Smith</i>			ADDRESS <i>3402 Hickory Ave</i>		

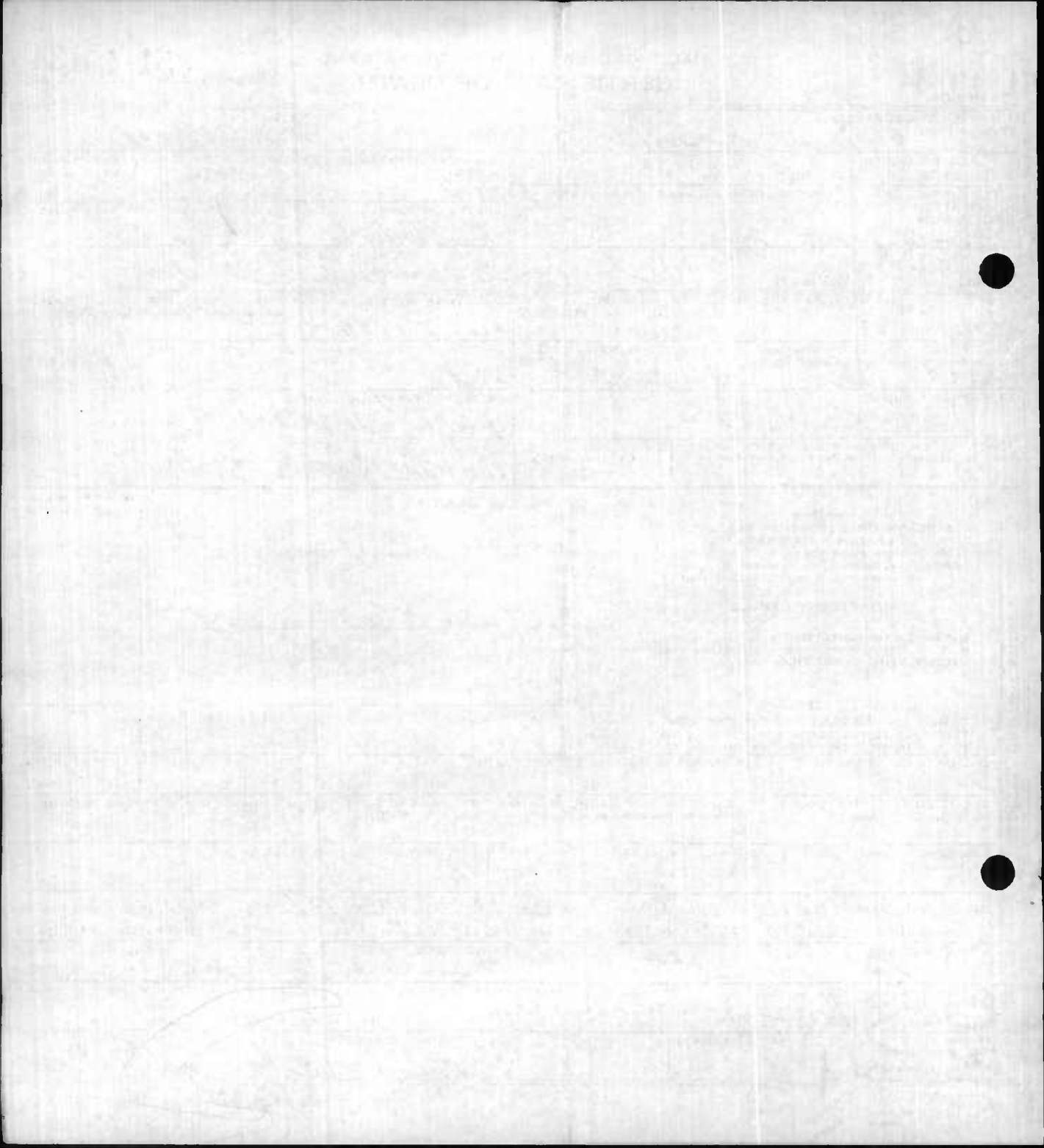
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Coronary Insufficiency</i> DUE TO (B) <i>Hypertensive Cardiovascular Disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *10/30*, 19*51*, to *11/20*, 19*51*, that I last saw the deceased alive on *11/20*, 19*51*, and that death occurred at *4:05 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>G. E. Bryant</i>	23B. ADDRESS <i>Margaret Ben Hays</i>	23C. DATE SIGNED <i>11/20/51</i>
---------------------------------------	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov. 24-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1951</i>		REGISTRAR'S SIGNATURE <i>H. H. ...</i>	25. FUNERAL DIRECTOR <i>Burgee Funeral Home</i>
		ADDRESS <i>3631 Falls Road</i> <i>Horace F. Burgee</i>	



165
51 10135BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10135

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice J. Le Brun

2. DATE
OF
DEATH

11-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

3012 Vineyard Lane

Length of stay in Baltimore

82

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

1869

9. AGE (in years last birthday)

82

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

2

Mooney

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Louise ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Daughter

ADDRESS

18. 561.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardio-Respiratory Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Uremia

DUE TO

Post-operative intestinal obstruction

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 wks

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-19-51

19B. MAJOR FINDINGS OF OPERATION

Strangulated Rt Femoral Hernia

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1951, to 11-22, 1951, that I last saw the deceased alive on 11-22, 1951, and that death occurred at 4:00 P.m., from the causes, and on the date stated above.

23A. SIGNATURE

Leo M. Shuman

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

11-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/24/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

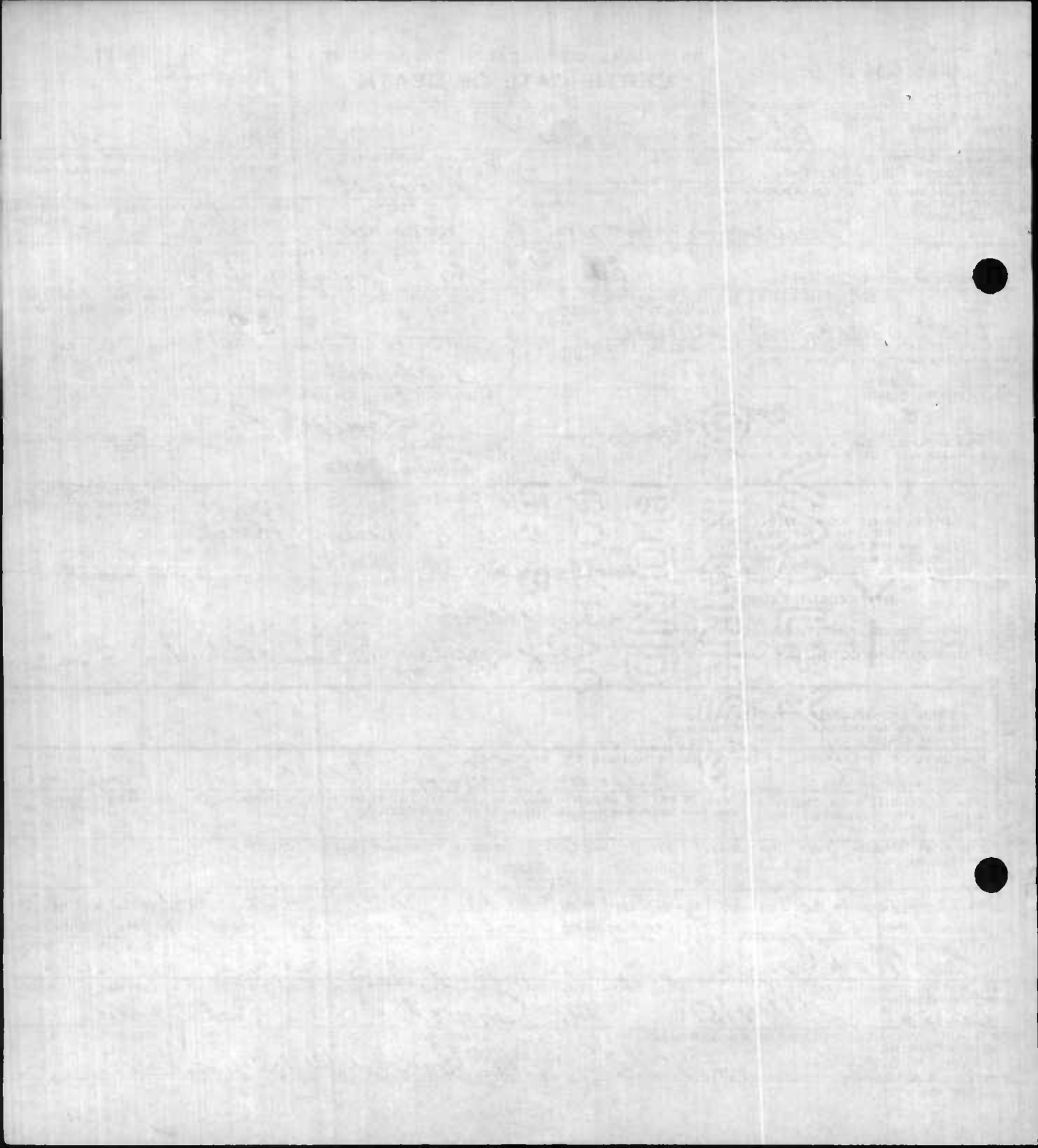
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

47th Bk Inc. 1217 St. Paul St.



626
51 10136BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10136
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Evelyn A. Berger

2. DATE
OF
DEATH November 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1425 Battery Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1425 Battery Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 9, 1881

9. AGE (in years
last birthday)

70

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin F. Adams

14. MOTHER'S MAIDEN NAME

Margaret A. Trumbo

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emil A. Berger, 1425 Battery Avenue

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOCoronary Heart
disease

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)arteriosclerosis
Hypertension1 year
1 yearII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Nov 1950 to Nov 20, 1951, that I last saw the
deceased alive on 11/20, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

11/24/51

Mt. Olivet Cemetery

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

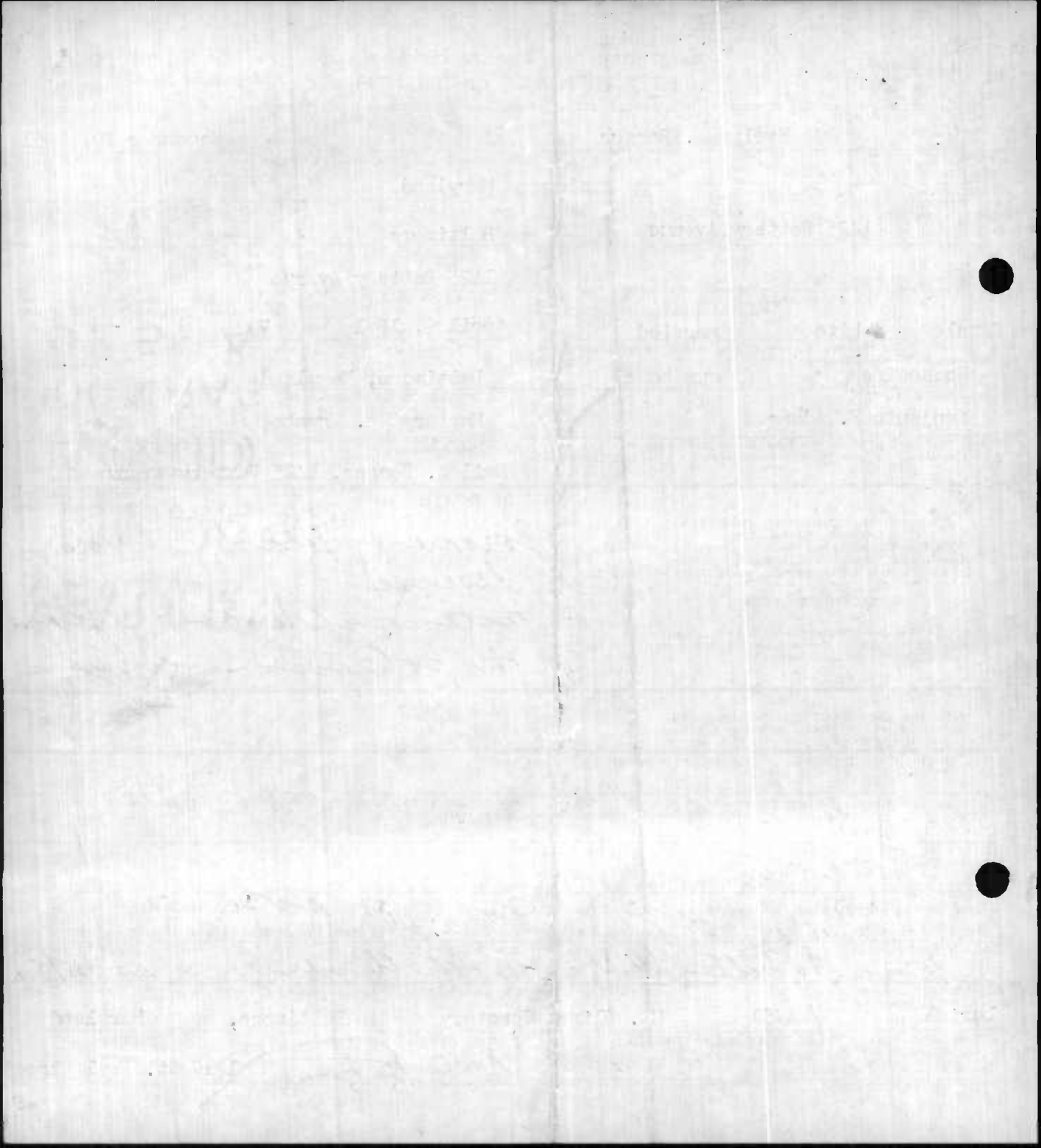
25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

Mr. Cook, Inc.

1217 St. Paul Street



165
51 10137BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10137
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Edward O'Brien

2. DATE
OF
DEATH

November 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2309 Greenmount Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 3, 1903

9. AGE (In years
last birthday)

48

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Continental Oil Co.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John P. O'Brien

14. MOTHER'S MAIDEN NAME

Maggie McCourt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-07-8463

17. INFORMANT

ADDRESS

Mrs. Anna O'Brien, 2309 Greenmount Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10-, 1951 to 11-20-, 1951, that I last saw the
deceased alive on 11-20-, 1951, and that death occurred at 11-20-, 1951, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

840 Park Avenue

23C. DATE SIGNED

11-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

11/24/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

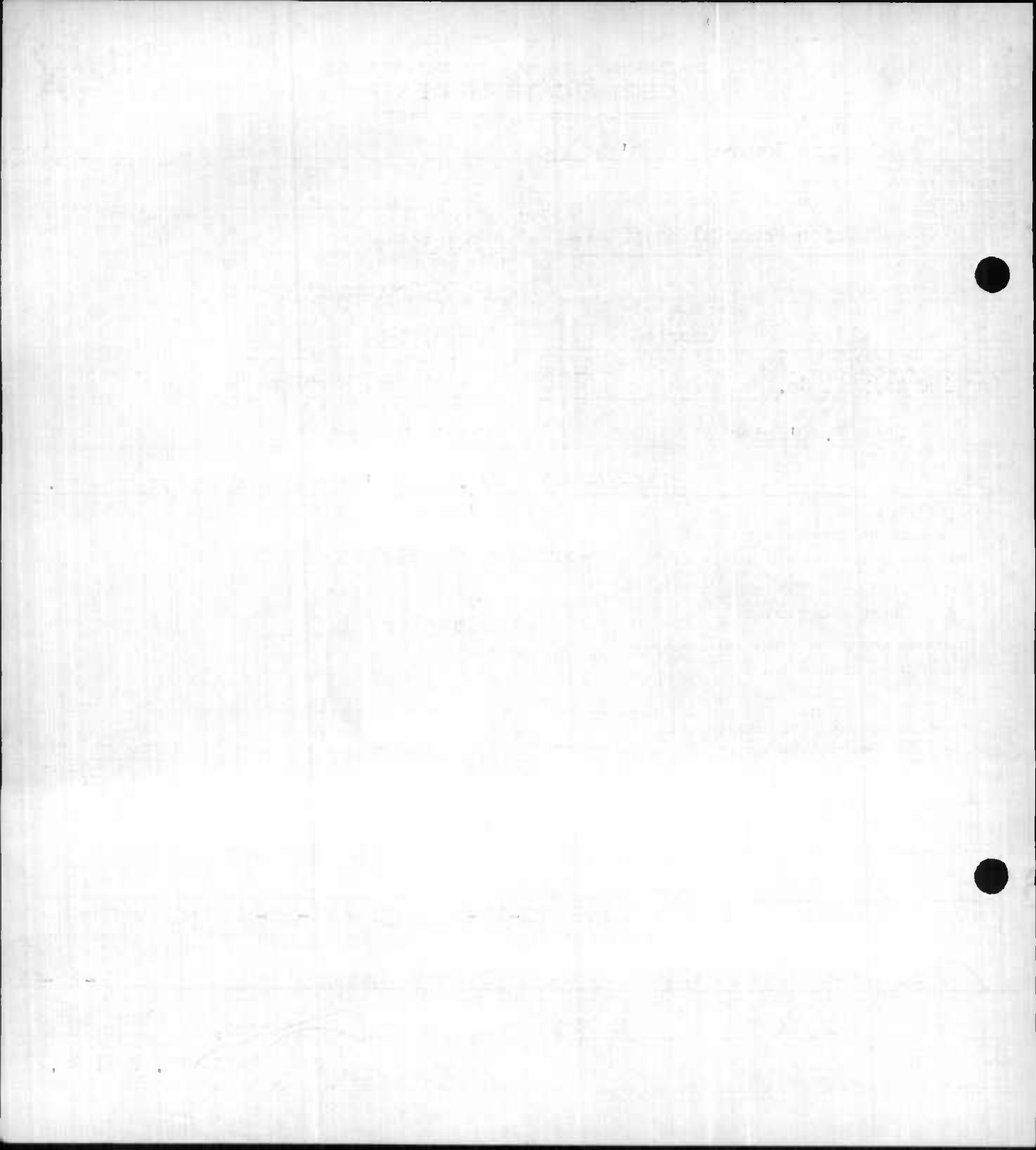
25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

Wm. Cook, Jr.

1217 St. Paul St.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

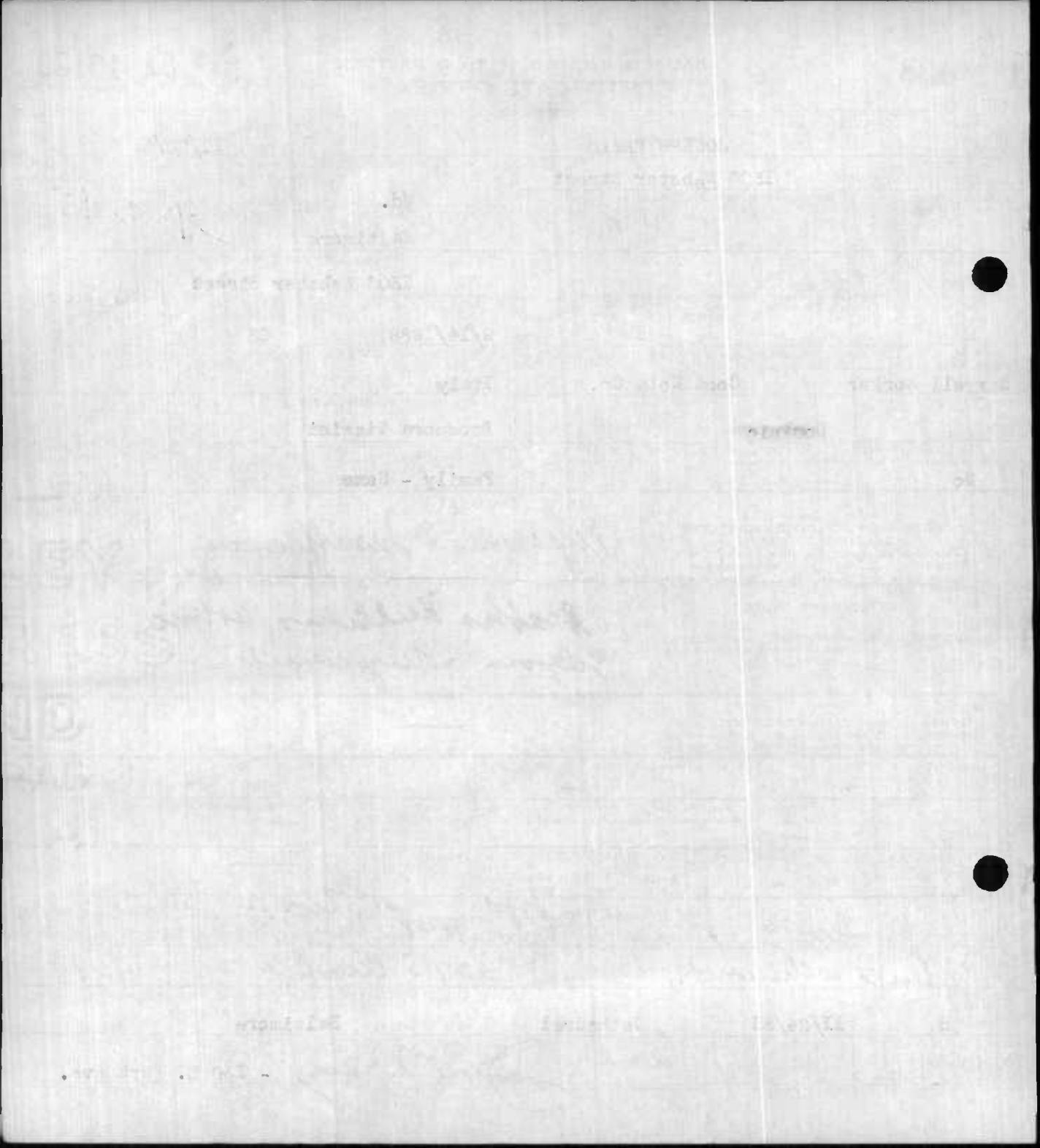
Registered No. **51 10138**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH FAZIO			2. DATE OF DEATH 11/20/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1506 Webster Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) [Redacted]			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. [Redacted] Mos. [Redacted] Days [Redacted]			D. STREET ADDRESS (If rural, give location) 1506 Webster Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 9/14/1888	9. AGE (In years last birthday) 63	10. If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barrell Worker			10B. KIND OF BUSINESS OR INDUSTRY Coca Cola Co.		
11. BIRTHPLACE (State or foreign country) Italy			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Dominic			14. MOTHER'S MAIDEN NAME Prospera Vizzini		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Family - Same			ADDRESS		

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Myocardial Insufficiency (A) DUE TO Arterio Sclerosis, Arteriosclerosis (B) DUE TO Sclerosis & Myocarditis (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11/20/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 10 , 19 51 , to Nov 20 , 19 51 , that I last saw the deceased alive on Nov 19 , 19 51 , and that death occurred at 10:58 m., from the causes and on the date stated above.					
23A. SIGNATURE John G. Scheuch		23B. ADDRESS 1337 S. Charles St.		23C. DATE SIGNED 11/21/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 11/24/51		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR James L. [Redacted] - 130 E. Fort Ave.			



250
51 19139BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 19139
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK WYATT LAWSON, SR.

2. DATE
OF
DEATH

11-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)Maryland
Baltimore

12-02

D. STREET ADDRESS (If rural, give location)

417 Southway - 18.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

3-17-82

9. Age (in years
last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired (Salesman) (Car Mfgs.)

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Lawson

14. MOTHER'S MAIDEN NAME

Maude Wyatt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 321X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic atrophic encephaloma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 11-21, 1951, to 11-21, 1951, that I last saw the
deceased alive on 11-21, 1951, and that death occurred at 11:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Anderson

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

11-21-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/24/51

24C. NAME OF CEMETERY OR CREMATORY

All Saints Cem.

24D. LOCATION (City, town, or county)

Sunderland, Calvert Co., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

for Williams, Jr.

Wm. J. Lickner & Sons - Balt.

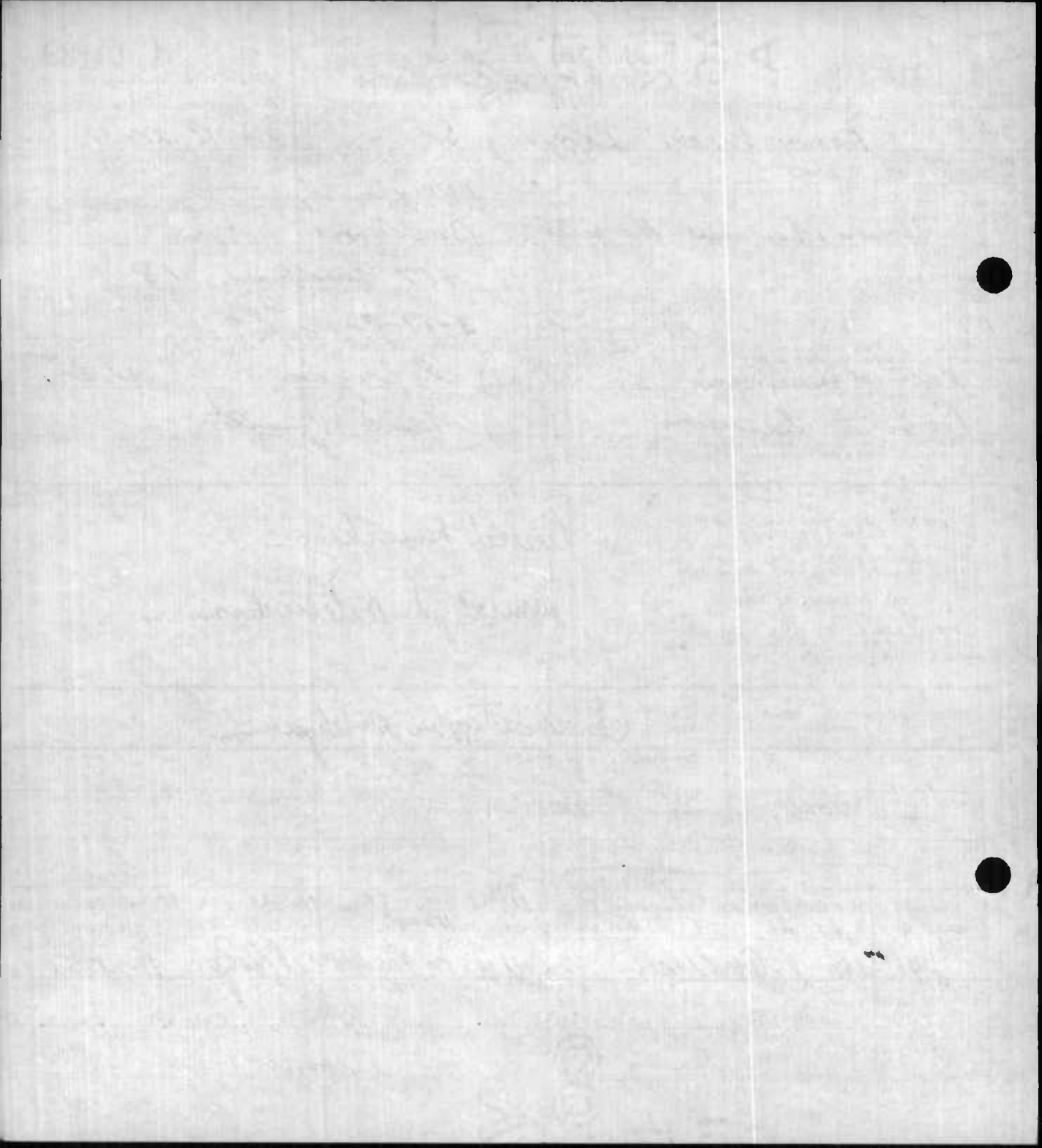
VS 150

49035

830

Mk.

MEDICAL CERTIFICATION



655
51 10140

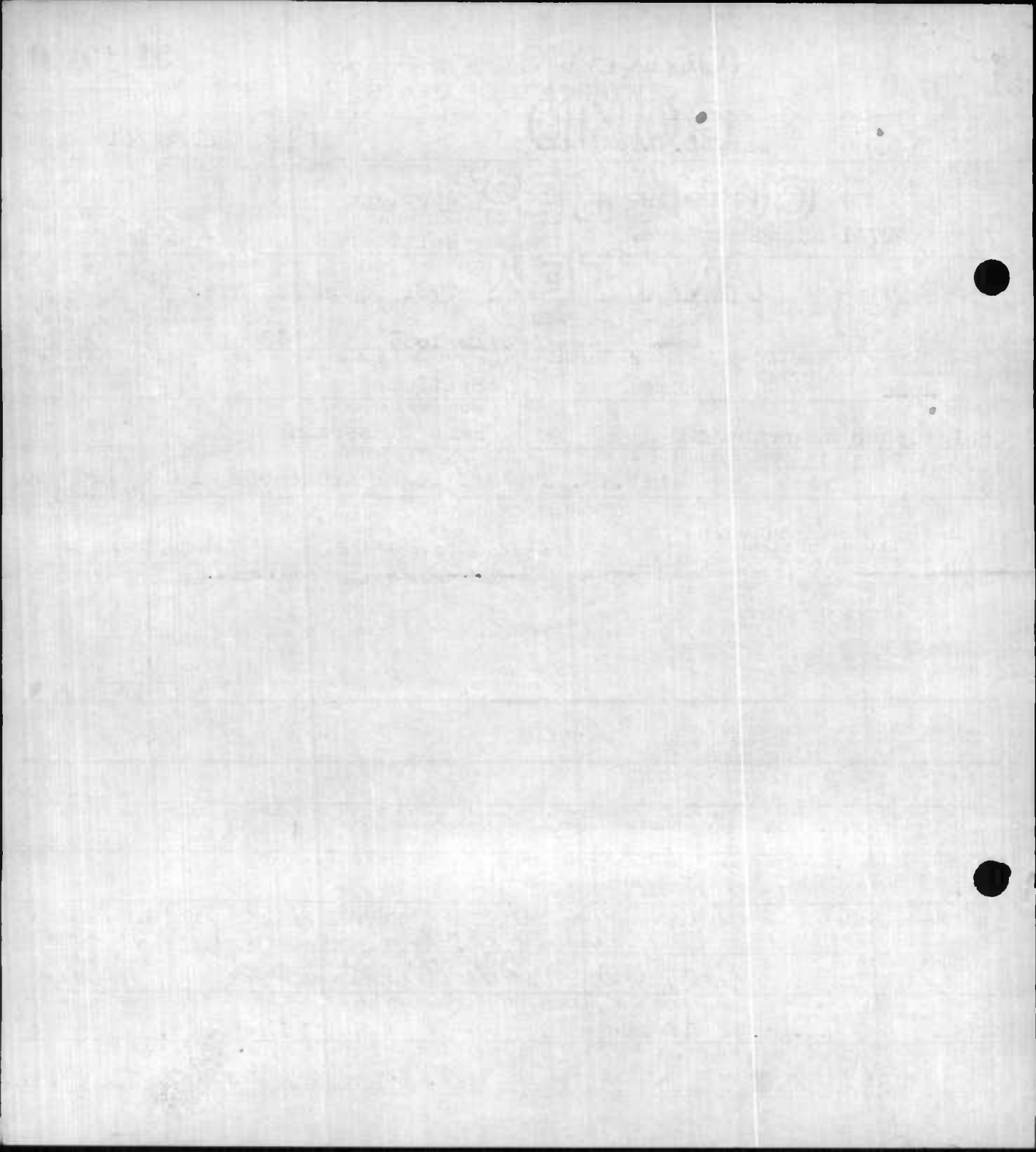
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10140

Registered No.

1. NAME OF DECEASED (Type or Print)		Mary D. Kronenberg		2. DATE OF DEATH 11/22/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2731 Edmondson Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02	
D. STREET ADDRESS (If rural, give location) 2731 Edmondson Ave.					
5. SEX F		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	
8. DATE OF BIRTH 3/19/1886		9. AGE (in years last birthday) 65		10. LENGTH OF STAY IN BALTIMORE Life	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Christopher Wahrenberg		14. MOTHER'S MAIDEN NAME Emma Zimmerman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 217.18.1672		17. INFORMANT ADDRESS Mr. Roger Kronenberg 1010 Wildwood Parkway	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 443X I Hypertensive cardiac vascular disease DUE TO (A) none (B) none (C) none ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. none OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none				INTERVAL BETWEEN ONSET AND DEATH 140	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/11, 1951, to 11/22, 1951, that I last saw the deceased alive on 11/22, 1951, and that death occurred at 11:20 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Benjamin K. Miller, M.D.		23B. ADDRESS 2030 Wilkens Ave. M. D.		23C. DATE SIGNED 11/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11.26.51		24C. NAME OF CEMETERY OR CREMATORY Western	
24D. LOCATION (City, town, or county) (State) Baltimore Md.					
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR ADDRESS John T. Stansbury 2700 Edmondson Ave.	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10141**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) H-O Jackson		2. DATE OF DEATH Nov. 21 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1139 N. Fremont Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md	
5. SEX Male		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec 4 - 1889	
9. AGE (In years last birthday) 62		10. UNDER 1 Year Months: Days: - -	
11. UNDER 24 Hours Hours: Min. - -		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Mattie Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-01-1125	
17. INFORMANT Sisie Jackson		ADDRESS 1139 N. Fremont	

18. **181X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

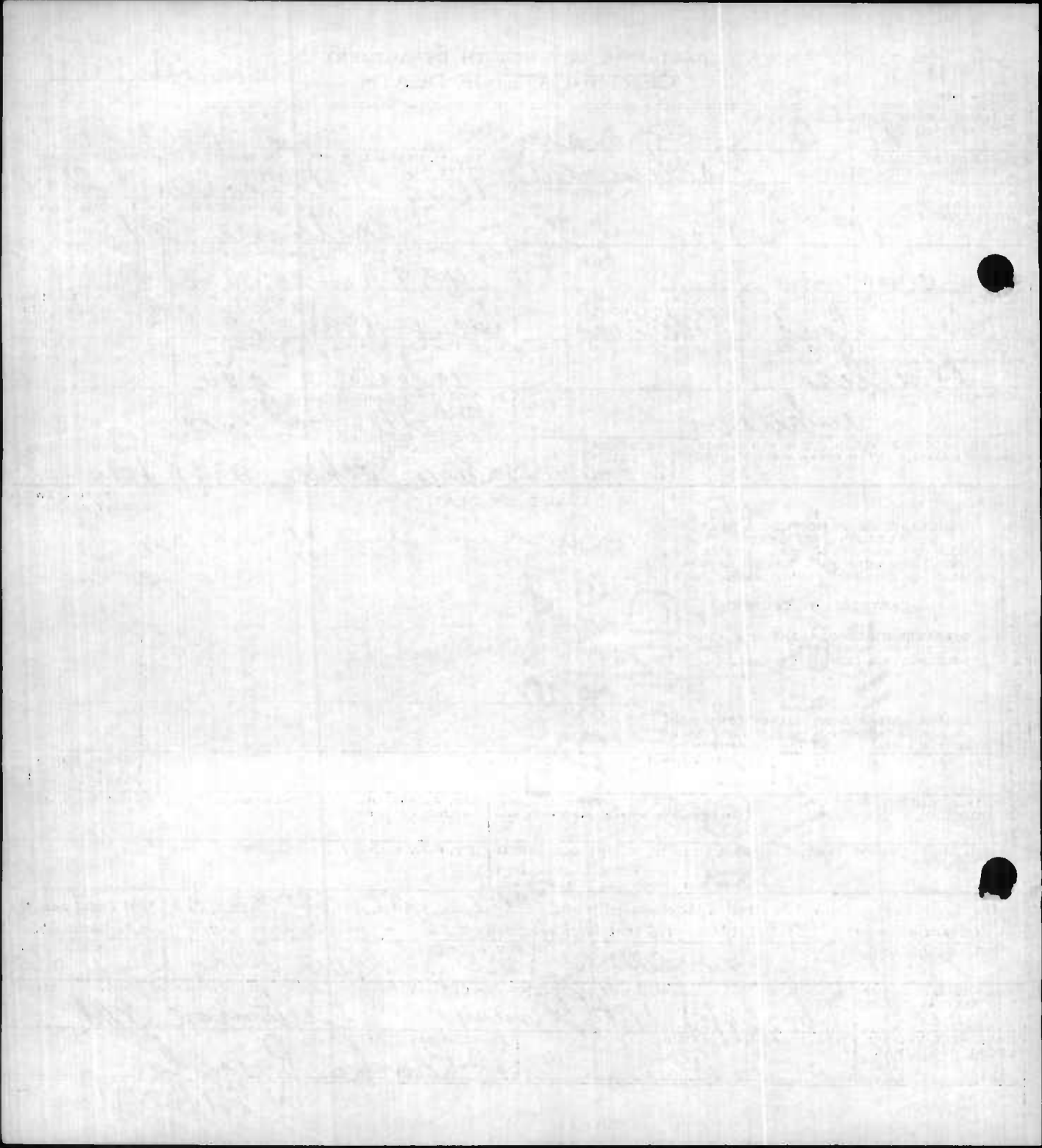
19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 1**, 19**51**, to **Nov. 23**, 19**51**, that I last saw the deceased alive on **Nov. 20**, 19**51**, and that death occurred at **10⁰⁰** m., from the causes and on the date stated above.

23A. SIGNATURE M. P. Johnson	23B. ADDRESS 403 Med Arts Bldg	23C. DATE SIGNED 11-23-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 24/51	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951	REGISTRAR'S SIGNATURE Wm. H. Williams	25. FUNERAL DIRECTOR W. Brooke Ruggold	ADDRESS 11463 N. Carroll



250
51 10142BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10142
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mattie Jackson		2. DATE OF DEATH Nov. 20, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 240 Laurens ST		E. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
6. SEX F	7. COLOR OR RACE C	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	9. DATE OF BIRTH 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) S. Carolina		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Dawn Haver		14. MOTHER'S MAIDEN NAME Rachael ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Uremia DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1 week (over)
ANTECEDENT CAUSES	(B) Pyelospasm DUE TO	2-3 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION Oct 15, 1951	19B. MAJOR FINDINGS OF OPERATION Pyelospasm	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov 1 , 1951, to Nov 20 , 1951, that I last saw the deceased alive on Nov 20 , 1951, and that death occurred at 2:50 P. M. , from the causes and on the date stated above.		
23A. SIGNATURE Edward M. Sigle	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED 11-21-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/24/1951	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.
24D. LOCATION (City, town, or county) Balto. Md.	24E. STATE Md.	25. FUNERAL DIRECTOR Mrs. Katie R. Williams
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951	REGISTRAR'S SIGNATURE John Williams	ADDRESS 3221 Schroeder St

See Document File 5-10142
Query ?

12.6/57

ES

prescriptions referred
to upper grades -
introduction - treat

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10143
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK SMITH

2. DATE OF DEATH November 19, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1339 Carroll Street

Length of stay in Baltimore

5. SEX Male
6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

B. DATE OF BIRTH

March 15, 1891

9. AGE (In years last birthday) 60

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Smith

14. MOTHER'S MAIDEN NAME

Ella Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Bertha Smith 1339 Carroll St.

18. 540.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Ruptured peptic ulcer

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Schrodner

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Nov. 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

NOV 23 1951

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

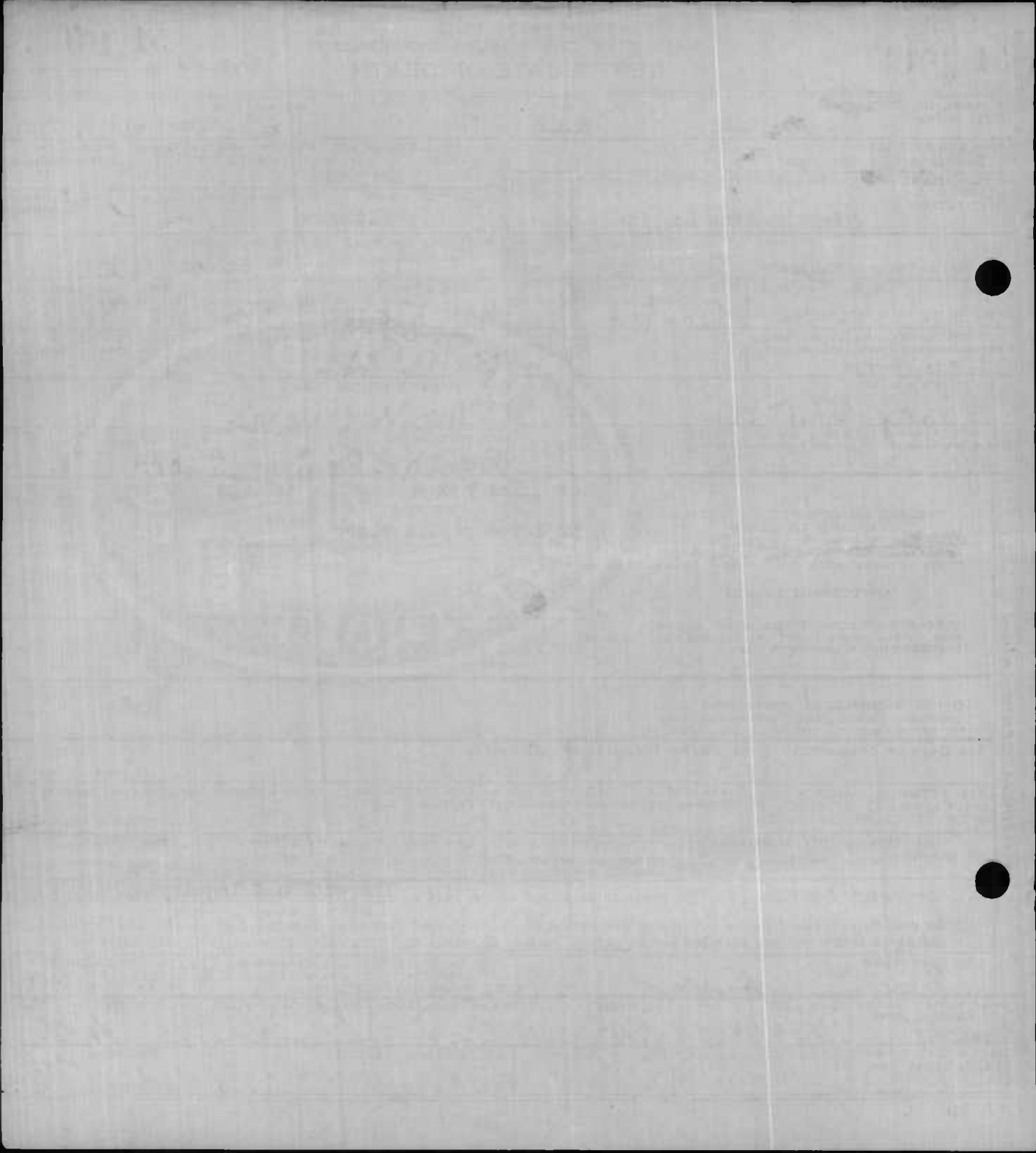
(State)

DATE RECEIVED BY LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

MEDICAL CERTIFICATION



242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10144

Registered No.

BIRTH NO. 51-00427

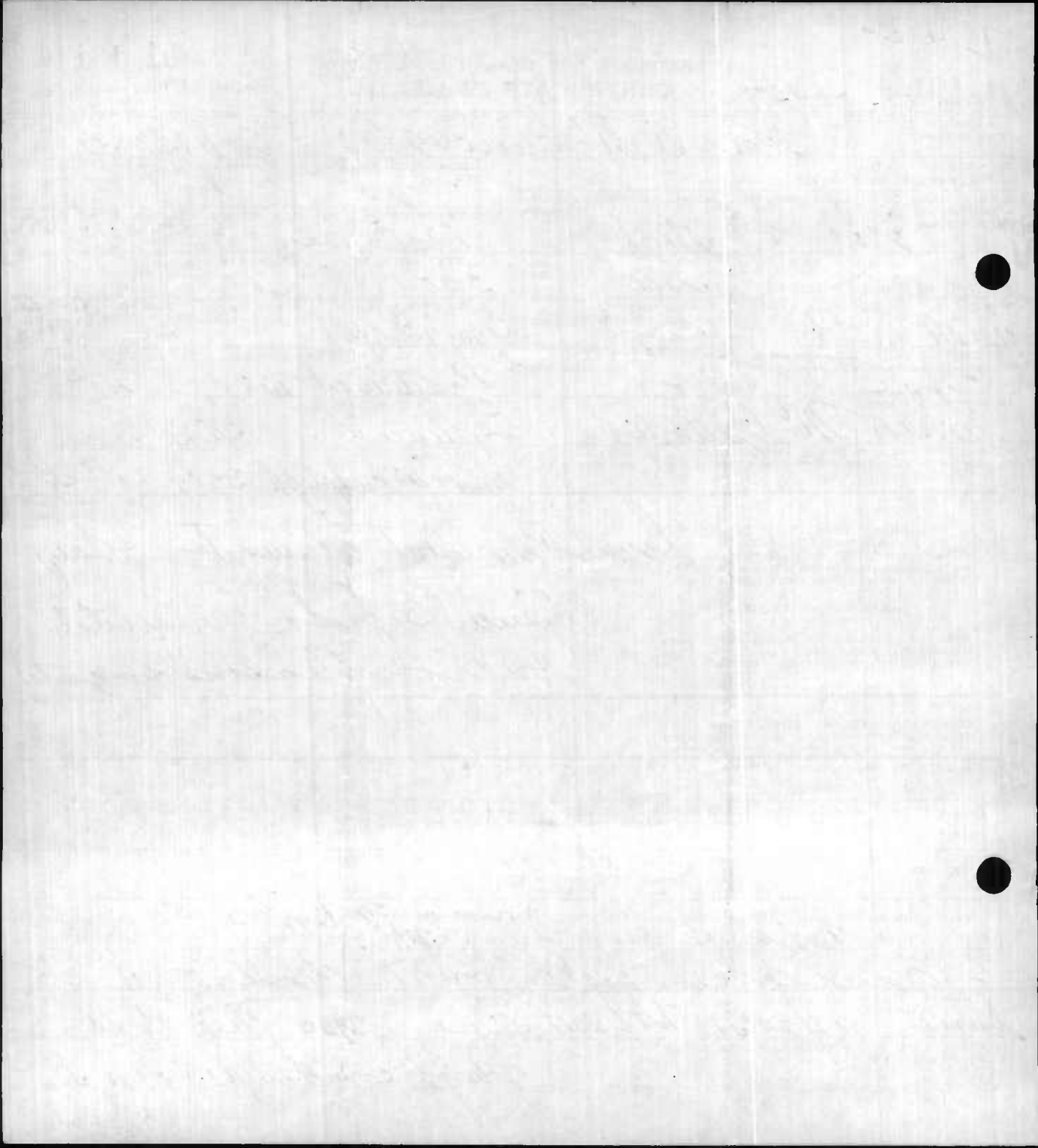
1. NAME OF DECEASED (Type or Print) <i>Jean M. Bullough</i>		2. DATE OF DEATH <i>11/23/51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>11</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>3709 8th Street</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-04</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>3709 8th St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Jan 7, 1951</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) <i>10</i>
13. FATHER'S NAME <i>Frank M. Bullough</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
16. SOCIAL SECURITY NO. <i>-</i>		14. MOTHER'S MAIDEN NAME <i>Lillian L. Gerver</i>	
17. INFORMANT <i>Frank M. Bullough</i>		ADDRESS <i>3709 - 8th St</i>	

18. <i>752X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Secondary Purulent meningitis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Spina Bifida Congenital</i> (C) <i>Hydrocephalus Congenital</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *January 1950 to Nov 23, 1951* that I last saw the deceased alive on *Nov 22, 1951* and that death occurred at *2:40 pm.* from the causes and on the date stated above.

23A. SIGNATURE <i>Samuel Miller M.D.</i>	23B. ADDRESS <i>1250 Charles St</i>	23C. DATE SIGNED <i>11/23/51</i>
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>11/24/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>
24D. LOCATION (City, town, or county) <i>2930 Fred Road</i>		(State) <i>-</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1951</i>	REGISTRAR'S SIGNATURE <i>William Williams</i>	25. FUNERAL DIRECTOR <i>John J. Corwin</i>
		ADDRESS <i>157a</i>



CERTIFICATE CORRECTED 1/4/52

ES

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilmore, Oscar

2. DATE
OF
DEATH

11/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Md.

Anne Arundel

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Lin. Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

814 Bishop Ave.

5200

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

m

Colored

S

9/5/1894

57

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Robert Wilmore

14. MOTHER'S MAIDEN NAME

Laura Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 633

Robert Wilmore Poundview

18.

156.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Embolus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Thrombosis

DUE TO

suspected Carcinomatosis (clinical basis)

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-16, 1951, to 11-21, 1951, that I last saw the deceased alive on 11-21, 1951, and that death occurred at 6:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. L. Mettall

23B. ADDRESS

M. D.

2407 Elsinore

23C. DATE SIGNED

11-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 23 1951

Huntington Williams, Jr.

Hes. S. Nelson 1303

Bresstman, Lt 46F

See Document File 51-10145

Letter from Dr. J. S. Metcalf

1/4/52 ES

420
51 10146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10146
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Amelia Skiles</i>		2. DATE OF DEATH <i>Nov. 21-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>5209 Buddison Lane</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-08</i>	
D. STREET ADDRESS (If rural, give location) <i>5209 Buddison Lane</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
6. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar. 5-1877</i>
9. AGE (In years last birthday) <i>74</i>		10. AGE (In years last birthday) <i>74</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Benjamin F. Shipley Sr.</i>		14. MOTHER'S MAIDEN NAME <i>Amelia Knell</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. Spencer B. Skiles Buddison</i>		ADDRESS <i>5209</i>	

18. <i>443X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Hypertensive Cardiovascular Disease</i>	<i>many years</i>
ANTECEDENT CAUSES	(B) <i>Generalized arteriosclerosis</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Sept*, 1949, to *Nov 21*, 1951, that I last saw the deceased alive on *Nov 20*, 1951, and that death occurred at *2:05 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Max R. English</i>	23B. ADDRESS <i>5713 Belair Rd</i>	23C. DATE SIGNED <i>11-21-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-24-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balts Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1951</i>		REGISTRAR'S SIGNATURE <i>John J. English</i>	25. FUNERAL DIRECTOR <i>L. J. Luck</i>
		ADDRESS <i>5305 Hayford Rd.</i>	

MEDICAL CERTIFICATION

Dr. English
3902 White Ave. 6:30^{PM}

BL 9257

200
51 19147
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10147

1. NAME OF DECEASED (Type or Print) <i>Ireda Rouzee</i>		2. DATE OF DEATH <i>Nov. 22-1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-01</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>4134 Parkside drive</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4134 Parkside drive</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>May 11-1905</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Saleslady</i>		12. AGE (In years last birthday) <i>46</i>	
13. FATHER'S NAME <i>Elmer M. Tiller</i>		14. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>213-01-2113</i>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. MOTHER'S MAIDEN NAME <i>Beatrice Pollak</i>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		19. INFORMANT <i>Mr. Lloyd L. Rouzee</i>	
20. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>175x</i>		21. CAUSE OF DEATH <i>Popillary carcinoma of ovary with generalized Metastases.</i>	
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		23. INTERVAL BETWEEN ONSET AND DEATH	
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		25. MEDICAL CERTIFICATION	
26. DATE OF OPERATION <i>0</i>		27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		29. DATE OF OPERATION <i>0</i>	
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452. DATE OF OPERATION <i>0</i>		453. MAJOR FINDINGS OF OPERATION	
454. DATE OF OPERATION <i>0</i>		455. MAJOR FINDINGS OF OPERATION	
456. DATE OF OPERATION <i>0</i>		457. MAJOR FINDINGS OF OPERATION	
458. DATE OF OPERATION <i>0</i>		459. MAJOR FINDINGS OF OPERATION	
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462. DATE OF OPERATION <i>0</i>		463. MAJOR FINDINGS OF OPERATION	
464. DATE OF OPERATION <i>0</i>		465. MAJOR FINDINGS OF OPERATION	
466. DATE OF OPERATION <i>0</i>		467. MAJOR FINDINGS OF OPERATION	
468. DATE OF OPERATION <i>0</i>		469. MAJOR FINDINGS OF OPERATION	
470. DATE OF OPERATION <i>0</i>		471. MAJOR FINDINGS OF OPERATION	
472. DATE OF OPERATION <i>0</i>		473. MAJOR FINDINGS OF OPERATION	
474. DATE OF OPERATION <i>0</i>		475. MAJOR FINDINGS OF OPERATION	
476. DATE OF OPERATION <i>0</i>		477. MAJOR FINDINGS OF OPERATION	
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480. DATE OF OPERATION <i>0</i>		481. MAJOR FINDINGS OF OPERATION	
482. DATE OF OPERATION <i>0</i>		483. MAJOR FINDINGS OF OPERATION	
484. DATE OF OPERATION <i>0</i>		485. MAJOR FINDINGS OF OPERATION	
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494. DATE OF OPERATION <i>0</i>		495. MAJOR FINDINGS OF OPERATION	
496. DATE OF OPERATION <i>0</i>		497. MAJOR FINDINGS OF OPERATION	
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502. DATE OF OPERATION <i>0</i>		503. MAJOR FINDINGS OF OPERATION	
504. DATE OF OPERATION <i>0</i>		505. MAJOR FINDINGS OF OPERATION	
506. DATE OF OPERATION <i>0</i>		507. MAJOR FINDINGS OF OPERATION	
508. DATE OF OPERATION <i>0</i>		509. MAJOR FINDINGS OF OPERATION	
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522. DATE OF OPERATION <i>0</i>		523. MAJOR FINDINGS OF OPERATION	
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528. DATE OF OPERATION <i>0</i>		529. MAJOR FINDINGS OF OPERATION	
530. DATE OF OPERATION <i>0</i>		531. MAJOR FINDINGS OF OPERATION	
532. DATE OF OPERATION <i>0</i>		533. MAJOR FINDINGS OF OPERATION	
534. DATE OF OPERATION <i>0</i>		535. MAJOR FINDINGS OF OPERATION	
536. DATE OF OPERATION <i>0</i>		537. MAJOR FINDINGS OF OPERATION	
538. DATE OF OPERATION <i>0</i>		539. MAJOR FINDINGS OF OPERATION	
540. DATE OF OPERATION <i>0</i>		541. MAJOR FINDINGS OF OPERATION	

Dr. Stevens
o Erdman +

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10148

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA STUPRICH KNUDSEN		2. DATE OF DEATH Nov. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cotonsville	
D. STREET ADDRESS (If rural, give location) 528 Hilton Ave.		E. LENGTH OF STAY IN BALTIMORE 44 Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH March 23, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 50
13. FATHER'S NAME Oscar Stuprich		11. BIRTHPLACE (State or foreign country) Austria-Hungary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT ADDRESS Christian Knudsen 528 Hilton Ave Cotonsville	

18. 410X CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A) Congestive failure	INTERVAL BETWEEN ONSET AND DEATH 4 wks.
DUE TO	
(B) mitral stenosis, auricular fibrillation	
DUE TO	
(C) Rheumatic heart disease	

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

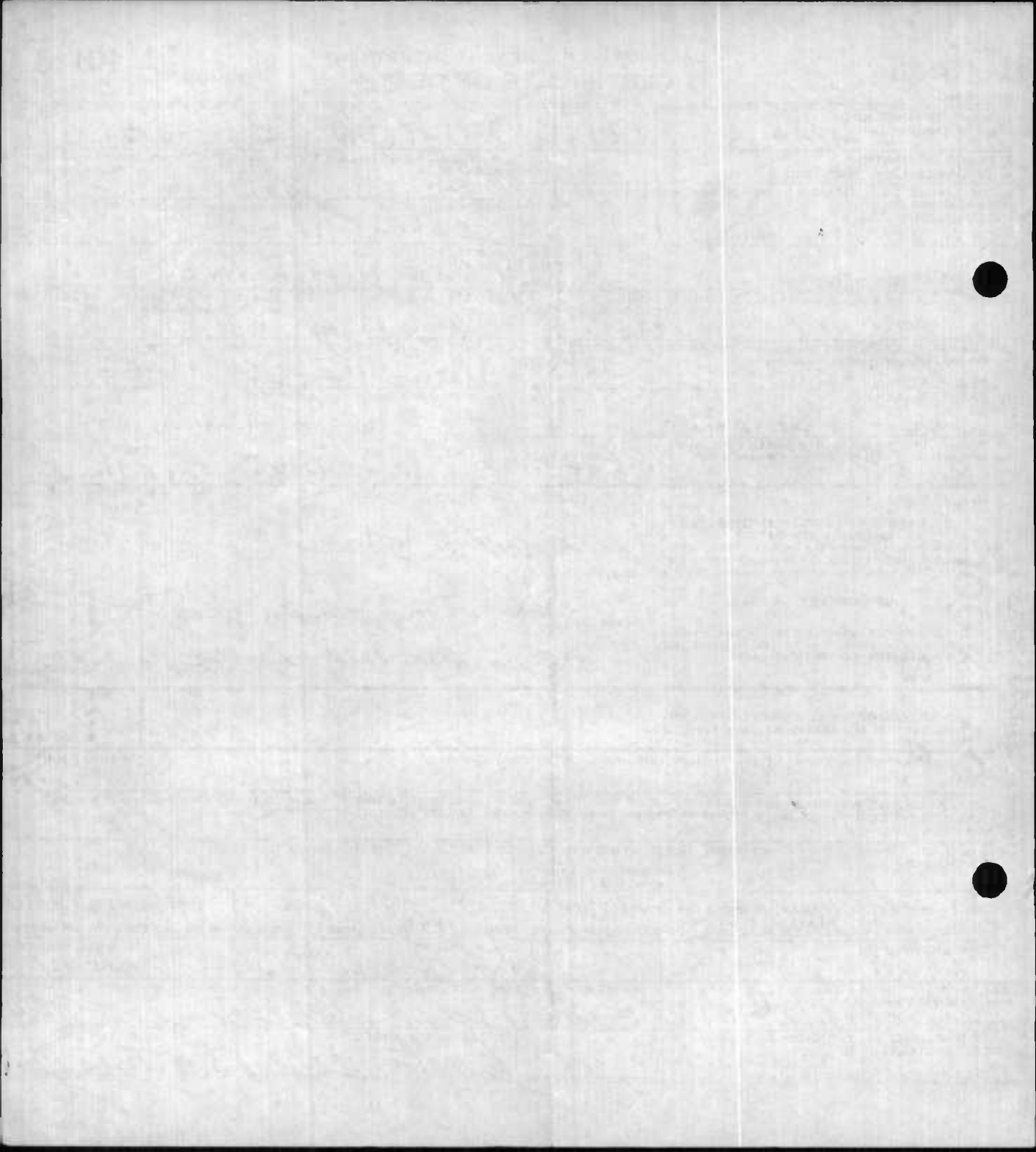
22. I hereby certify that I attended the deceased from **Oct 29**, 1951, to **Nov 21**, 1951, that I last saw the deceased alive on **Nov. 21, 1951** and that death occurred at **11:47 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Robert A. Moore, Jr.	23B. ADDRESS Univ. Hosp. Baltimore	23C. DATE SIGNED Nov. 22, 1951
---	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/24/51	24C. NAME OF CEMETERY OR CREMATORY Landon Park	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR Nov 23 1951		REGISTRAR'S SIGNATURE Harry J. Williams	25. FUNERAL DIRECTOR ADDRESS Easton Sons Catonsville, Md.

MEDICAL CERTIFICATION

92B



240
51 10149BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10149

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mildred E. Sokol

2. DATE
OF DEATH Nov. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3201 Gwynn's Falls Pkwy.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 15-47

D. STREET ADDRESS (If rural, give location)

3201 Gwynn's Falls Parkway

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 31, 1901

9. AGE (In years,
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Mt. Airy, Carroll County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Burdett,

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Anthony J. Sokol, 3201 Gwynn's Falls Pkwy.

18. 414X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Rheumatic Heart disease?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Valvular Heart disease?

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Sudden death due acute

Cardiac dilatation

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 2, 1951, to Nov. 22, 1951, that I last saw the deceased alive on Nov. 20, 1951, and that death occurred at 2 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Joseph H. Zierler

M. D.

23B. ADDRESS

2318 Eutaw Place

23C. DATE SIGNED

Nov. 23 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

Nov. 26, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery,

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

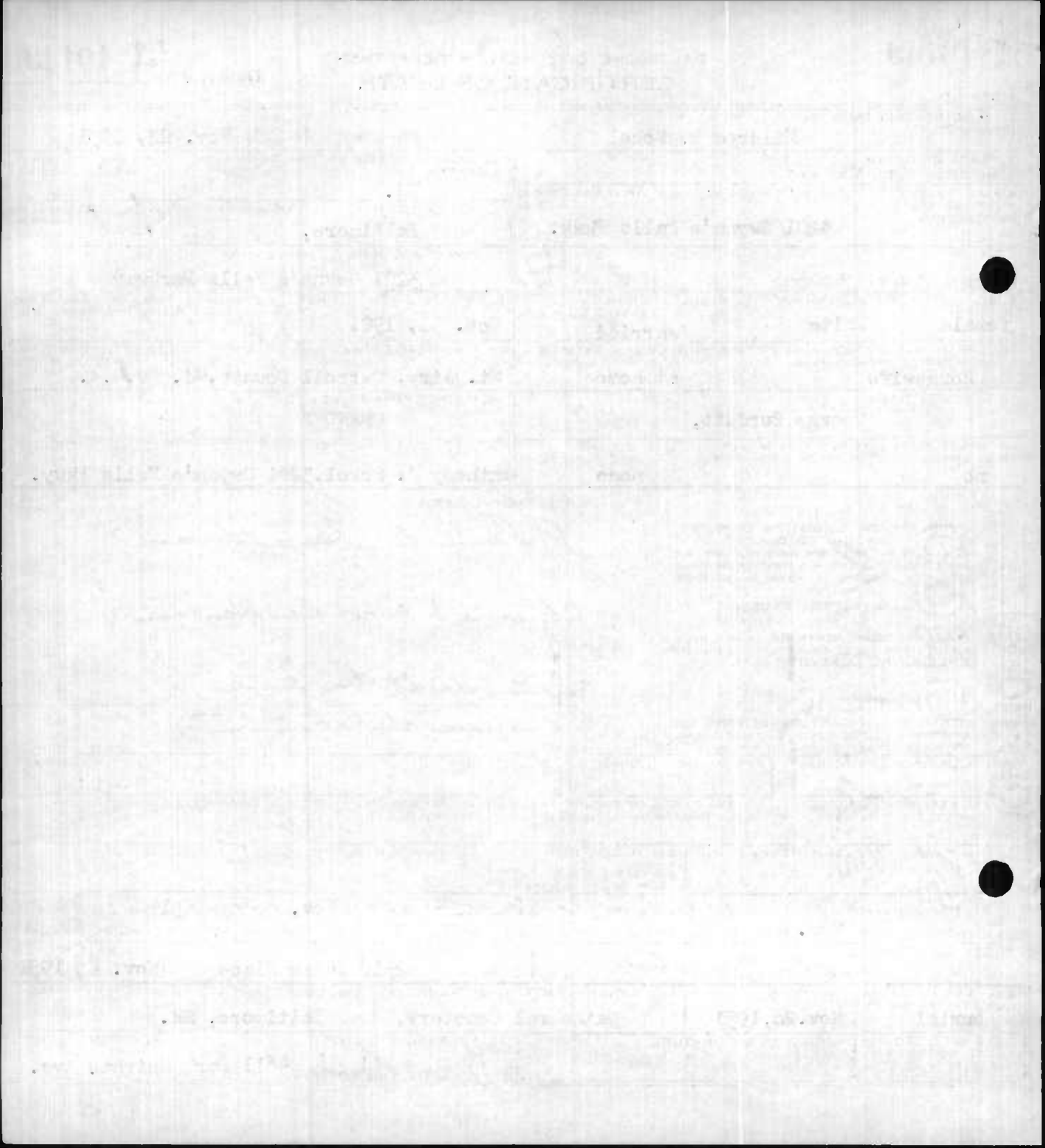
REGISTRAR'S SIGNATURE

Anthony J. Sokol

25. FUNERAL DIRECTOR

ADDRESS

Vernon L. Simon, 4611 Park Heights Ave.



626
51 10150BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10150

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Amelia E. Crocker			2. DATE OF DEATH Nov. 21, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4709 Delaware Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,		
D. STREET ADDRESS (If rural, give location) 4709 Delaware Ave.,			E. LENGTH OF STAY IN BALTIMORE life		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar. 5, 1884	9. AGE (In years last birthday) 67	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Saleslady			10B. KIND OF BUSINESS OR INDUSTRY Department Store		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Frank J. Wunder			14. MOTHER'S MAIDEN NAME Matilda Brehm		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. 215-01-3902		
17. INFORMANT J.R. Crocker, 705 Carysbrook Rd., Pikesville, Md.			ADDRESS		
18. 421.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) Intestinal Insufficiency DUE TO (B) Arterio Sclerosis DUE TO (C)		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 12 , 19 51 , to Nov. 21 , 19 51 that I last saw the deceased alive on Nov. , 19 51 , and that death occurred at 4:30 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Walter D. Buehler		23B. ADDRESS 4803 Park Heights Ave.		23C. DATE SIGNED 11/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Nov. 24, 1951		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951		24F. REGISTRAR'S SIGNATURE Walter D. Buehler	
24G. FUNERAL DIRECTOR Vernon Lemmon		24H. ADDRESS 4611 Park Heights Ave.			

MEDICAL CERTIFICATION

000001

STATE OF TEXAS

County of _____

City of _____

Page _____

Subscribed and sworn to before me this _____ day of _____, 19____.

My commission expires this _____ day of _____, 19____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 19____.

Notary Public in and for the State of Texas

Witness my hand and seal this _____ day of _____, 19____.

[Signature]

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 19____.

Notary Public in and for the State of Texas

My commission expires this _____ day of _____, 19____.

520
51 10151BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10151

BIRTH NO.

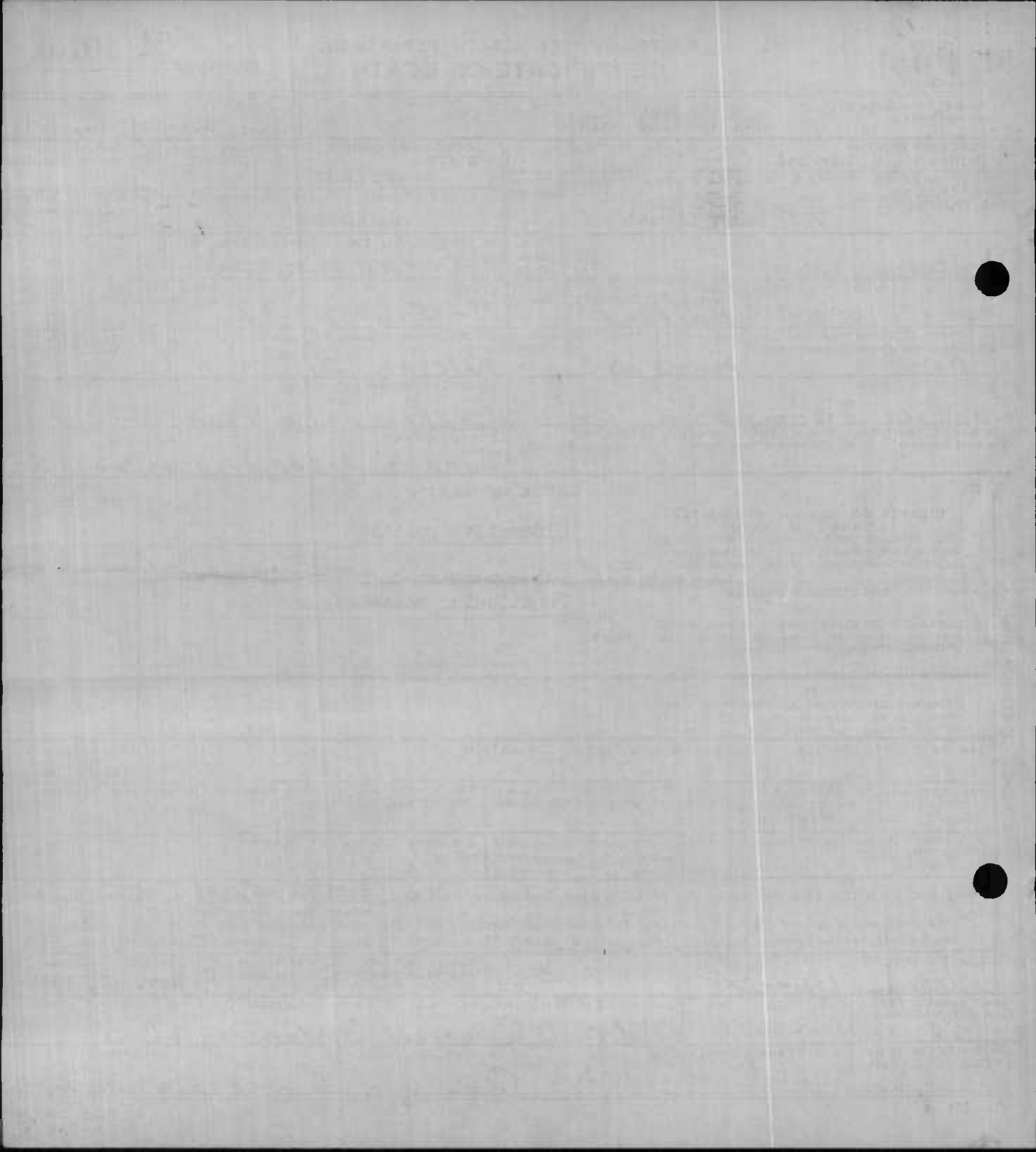
1. NAME OF DECEASED (Type or Print) ANN (ANNIE) HINES		2. DATE OF DEATH November 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2707 Baker Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2707 Baker Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-15-1917
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Housewife	9. AGE (In years last birthday) 34
11. BIRTHPLACE (State or foreign country) Raleigh, N.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Sanford Thompson		14. MOTHER'S MAIDEN NAME Evelyn Thompson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Zack H. Hines, Jr. 2707 Baker St.	
16. SOCIAL SECURITY NO.			

18. 572.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ulcerative colitis (A) XXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Functioning colostomy (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

2. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Wood		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 22, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-25-51		24C. NAME OF CEMETERY OR CREMATORY Old Mill Cemetery	
24D. LOCATION (City, town, or county) Goldsbore, N.C.		25. FUNERAL DIRECTOR Charles R. Law - 802 Mad. ave.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 23 1951		REGISTRAR'S SIGNATURE [Signature]			



250
51 10152BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10152

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Benjamin Jackson</i>		2. DATE OF DEATH <i>Nov. 20 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>16-00</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>Bar-Nib-Ba Nursing Home</i> <i>2101 W. Cold Spring Lane</i> Length of stay in Baltimore <i>15</i> Yrs. <i>Most</i> Days <i>None</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. SEX <i>Male</i>		D. STREET ADDRESS (If rural, give location) <i>1214 Waterat St.</i>	
6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>March 14, 1870</i>	9. AGE (In years, last birthday) <i>81</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>(Unemployed)</i>	
11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>William Jackson</i>		14. MOTHER'S MAIDEN NAME <i>Rachel</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mr. Jackson - 920 W. Dallas St</i>		ADDRESS	

18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Hemiplegia left</i> DUE TO <i>arterial Hypertension</i> DUE TO <i>(C)</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *8 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>W. R. Johnson</i> M.D.	23B. ADDRESS <i>403 Maryland Bldg</i>	23C. DATE SIGNED <i>11-20-51</i>
---	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipment</i>	24B. DATE <i>11/23/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cumberland</i>	24D. LOCATION (City, town, or county) (State) <i>Freemville Va.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 23 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>	
FUNERAL DIRECTOR <i>Robert H. Young</i>		ADDRESS <i>1532 E. Waverly</i>	

CENTRAL IS. OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 10153**

520
51 10153
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rose F. P. Jones			2. DATE OF DEATH 11 23 51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.		
D. STREET ADDRESS (If rural, give location) 2668 Dulaney St. #23			E. LENGTH OF STAY IN BALTIMORE 42 Yrs		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1909		9. AGE (in years last birthday) 42
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZENSHIP U.S.A.			13. FATHER'S NAME William McClean		
14. MOTHER'S MAIDEN NAME Wilhemina Zirkenbach			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO. 216-05-6119			17. INFORMANT ADDRESS C. Russell Jones 2668 Dulaney St.		

18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Obtuse & incontinence DUE TO generalized metastasis from adenocarcinoma of the pancreas		
(B) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Nov 21, 1951** to **Nov 23, 1951**, that I last saw the deceased alive on **Nov 23, 1951** and that death occurred at **11:55A.**, from the causes and on the date stated above.

23A. SIGNATURE George J. Allen		23B. ADDRESS St. Agnes Hospital		23C. DATE SIGNED 11/23/51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11-26-51		24C. NAME OF CEMETERY OR CREMATORY LONDON PARK		24D. LOCATION (City, town, or county) (State) BALTO. Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951		REGISTRAR'S SIGNATURE George J. Allen		25. FUNERAL DIRECTOR GEO. L. Schwab		ADDRESS 2101 Frederick Ave.	

1/20/10

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455
51 10154BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10154

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSINA L. SOLOMON			2. DATE OF DEATH Nov. 23rd, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1828 Byrd Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 14 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1828 Byrd St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 8th, 1864	9. AGE (In years last birthday) 87	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Casper F. Seling			14. MOTHER'S MAIDEN NAME Caroline M. Pagels		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mrs. Ira Dehn, 1828 Byrd St., Balto., Md.			ADDRESS		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral apoplexy DUE TO Arterio-Sclerotic Cardiovascular Disease DUE TO 2 days 2 yrs	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 20**, 1951, to **Nov 23**, 1951, that I last saw the deceased alive on **Nov 23**, 1951, and that death occurred at **3 A** m., from the causes and on the date stated above.

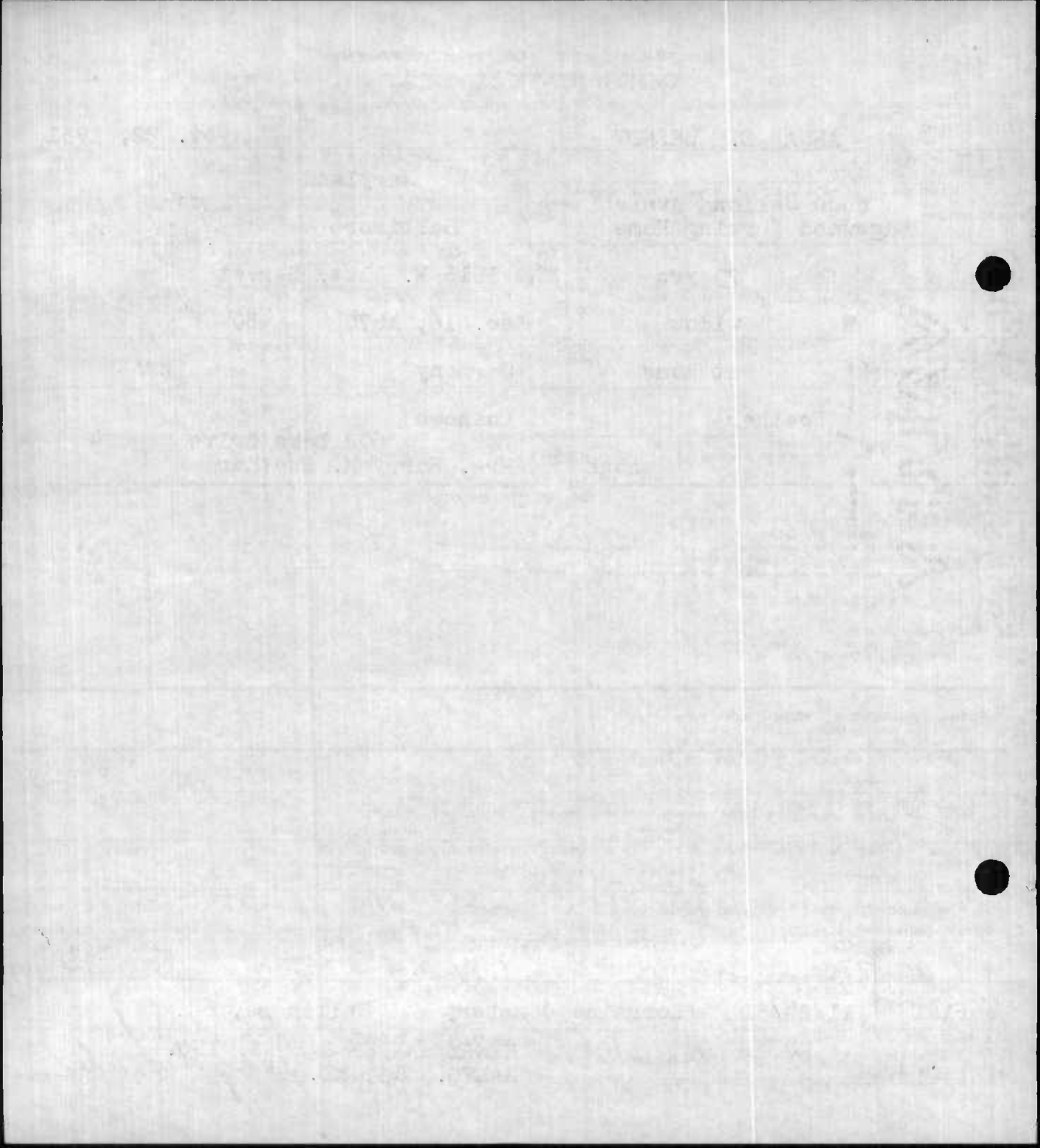
23A. SIGNATURE M. Baumgardner	23B. ADDRESS Balto 6 Md	23C. DATE SIGNED 11/23/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE Nov. 26, 1951	24C. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cemetery	24D. LOCATION (City, town, or county) (State) Stemmers Run, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951	REGISTRAR'S SIGNATURE for Williams, M.	25. FUNERAL DIRECTOR Lassala Funeral Home	ADDRESS 7401 Belair Rd

STATE OF NEW YORK
COUNTY OF []
IN SENATE,
January 1, 1901.
REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1899.
ALBANY:
J. B. LIPPINCOTT & CO. PRINTERS.
1901.

653
1 10155BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10155
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANNA E. BERNDT		2. DATE OF DEATH Nov. 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) 6000 Bellona Avenue Edgewood Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-06			
C. Length of stay in Baltimore 73 yrs		D. STREET ADDRESS (If rural, give location) 1816 E. 31st. Street			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Dec. 16, 1870	9. AGE (In years last birthday) 80	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Germany	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME ? Koether		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS 602 Lake Drive Mrs. Harry M. Huether	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cancerous stomach DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 yr. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov , 1951, to Nov 22 , 1951, that I last saw the deceased alive on Nov 21 , 1951, and that death occurred at 4:40 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE R. R. Freeman		23B. ADDRESS 11 W. 29th St.		23C. DATE SIGNED Nov 23, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/24/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		24F. ADDRESS BALTO., 13, MD.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951		REGISTRAR'S SIGNATURE Walter J. Williams, M.D.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	



243
51 10156

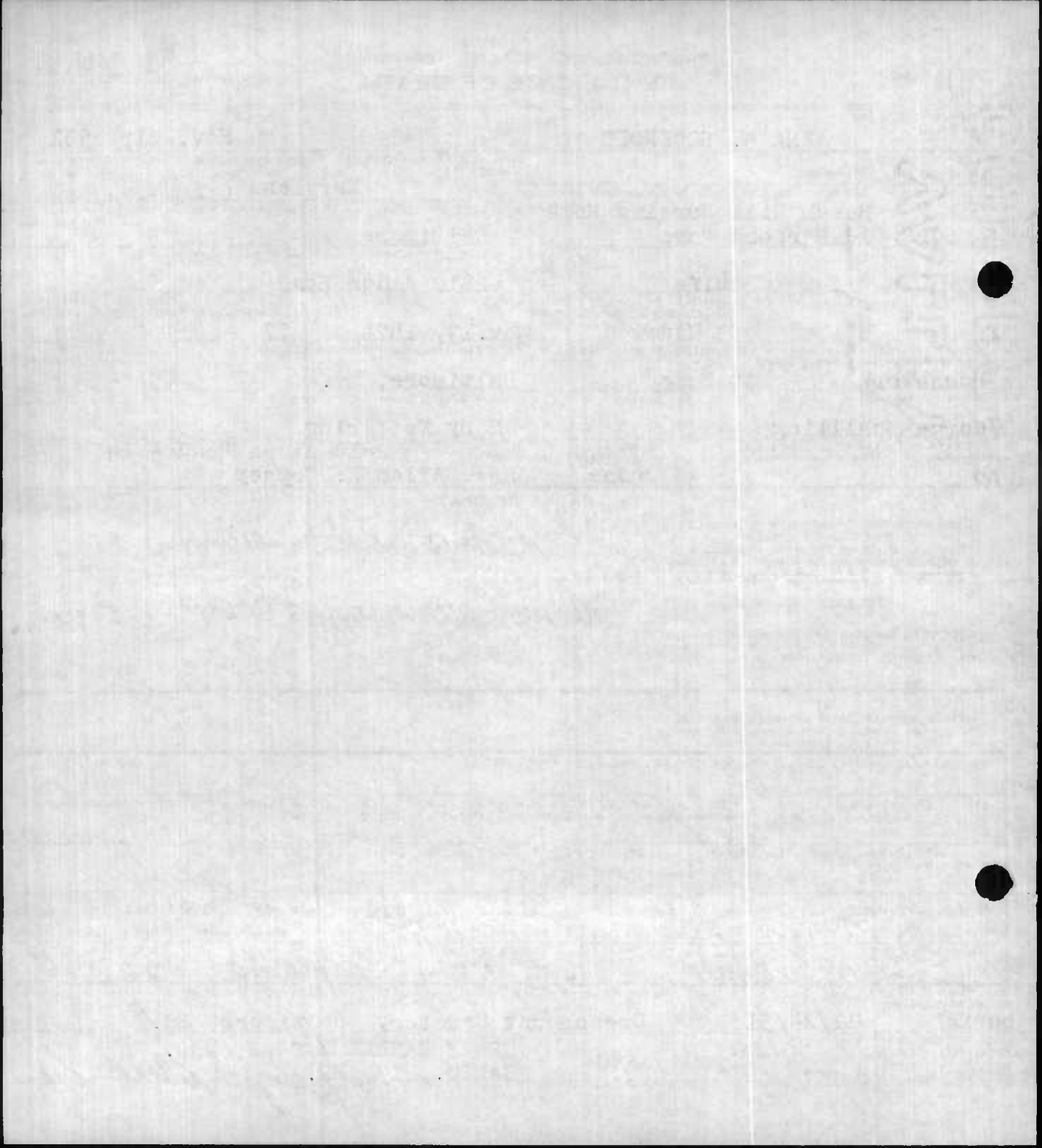
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10156

1. NAME OF DECEASED (Type or Print) ANNA M. ROCKHOLD		2. DATE OF DEATH Nov. 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Beech Hill Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 6028 Old Harford Road		E. STREET ADDRESS (If rural, give location) 2810 Alden Road	
F. LENGTH OF STAY IN BALTIMORE Life		G. DATE OF BIRTH Nov. 13, 1874	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	9. AGE (In years last birthday) 77
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10B. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Schilling		14. MOTHER'S MAIDEN NAME Mary Kettering	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT 2810 Alden Road		18. Mrs. Allan K. Copsey	

18. 170 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Metastatic Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 5 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Adeno-Carcinoma of Rt Breast.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 14 to Nov 21 , 1951, that I last saw the deceased alive on 20 Nov. 1951 , and that death occurred at 10:30 m., from the causes and on the date stated above.					
23A. SIGNATURE James E. White		23B. ADDRESS 5214 Harford Rd.		23C. DATE SIGNED 22 Nov 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/24/51	24C. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951		REGISTRAR'S SIGNATURE W. J. Williams, Jr.		FUNERAL DIRECTOR HENRY SANDER & SONS, INC BALTO., 13, MD	



256
51 10157

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10157

BIRTH NO.

1. NAME OF DECEASED (Type or Print) RUTH P. WAGNER.			2. DATE OF DEATH 11-22-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Carroll		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Md. Gen. Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westminster #4		
D. STREET ADDRESS (If rural, give location) 5600					
5. SEX F			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated			8. DATE OF BIRTH Apr. 27, 1892		
9. AGE (In years last birthday) 59			10. UNDER 1 Year Months: Days Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sleeve setter			10B. KIND OF BUSINESS OR INDUSTRY Coat Factory		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jesse Bair			14. MOTHER'S MAIDEN NAME Jenny Aldrige		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

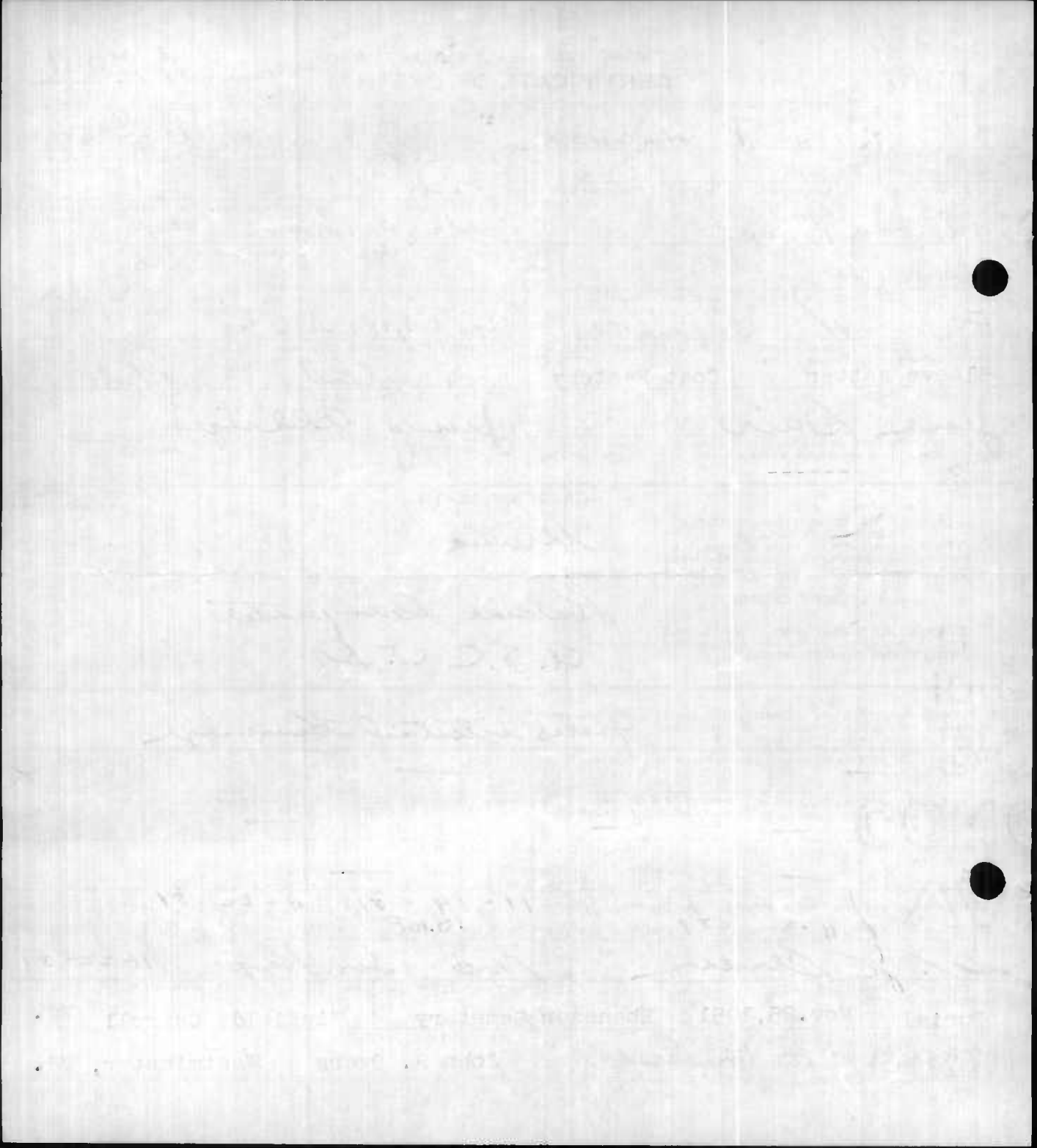
18. 422.1	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Uremia	
DUE TO		(B) Cardiac Decompensation	
DUE TO		(C) A.S.C.V.D.	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Pat. intestinal Hemorrhage	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-19, 1951** to **11-22, 1951**, that I last saw the deceased alive on **11-22, 1951** and that death occurred at **10:10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE W. K. Sander	23B. ADDRESS Md. Sen. Chap	23C. DATE SIGNED 11-22-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 25, 1951	24C. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery	24D. LOCATION (City, town, or county) (State) Winfield Carroll Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951	REGISTRAR'S SIGNATURE W. K. Sander	25. FUNERAL DIRECTOR John R. Byers	
		ADDRESS Westminster, Md.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10158
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN TRITE

2. DATE OF DEATH Nov. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Carroll

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Westminster

D. STREET ADDRESS (If rural, give location)

Route 4

Length of stay in Baltimore

6. COLOR OR RACE

Male White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/30/1924

9. AGE (In years last birthday)

27

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

not known

10B. KIND OF BUSINESS OR INDUSTRY

not known

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John B. Tritte

14. MOTHER'S MAIDEN NAME

Rose Ann Fritz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no none

16. SOCIAL SECURITY NO.

219-14-8114

17. INFORMANT

ADDRESS

John B. Tritte-Westminster, Maryland

18. E819.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Contusion of brain

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIB. ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Old Manchester Road in Winchester

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Nov. 23, 1951

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto struck pole

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Dunleach

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-26-51

24C. NAME OF CEMETERY OR CREMATORY

Pipe Creek Cemetery

24D. LOCATION (City, town, or county) (State)

Uniontown Rd. New Windsor, Md.

DATE RECEIVED BY LOCAL REGISTRAR

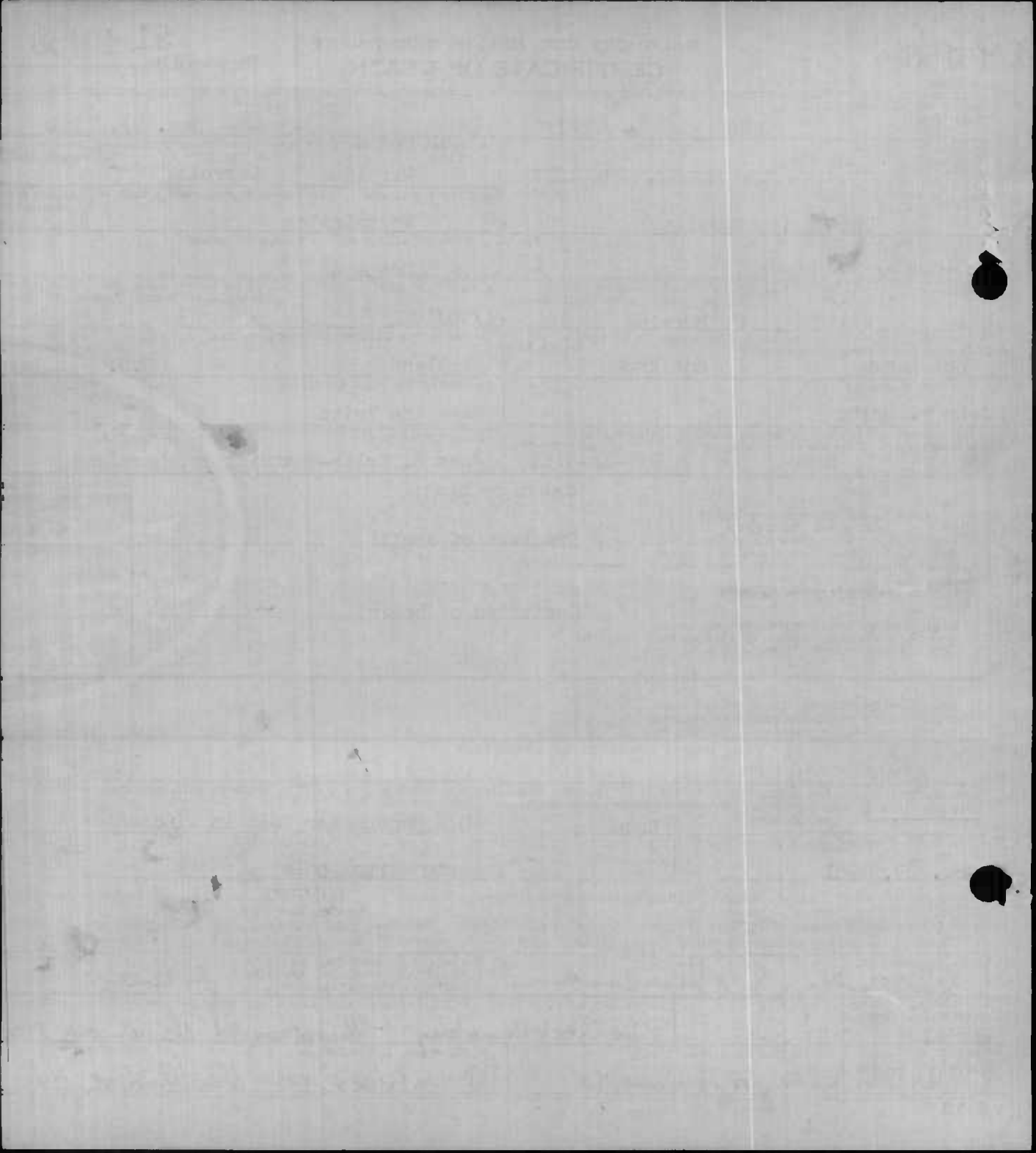
NOV 24 1951

REGISTRAR'S SIGNATURE

William Williams, Jr.

25. FUNERAL DIRECTOR

D.D. Hartzler & Sons, New Windsor, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 10159

BIRTH NO. 51 10159

1. NAME OF DECEASED (Type or Print) JOSEPH JAMES BUNCH		2. DATE OF DEATH November 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 18-04	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 403 N. Schroeder Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH 12-25-1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction	
13. FATHER'S NAME Joseph Cherry		14. MOTHER'S MAIDEN NAME Lettie Cherry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Welyn Bunch		ADDRESS 1623 - McCall St.	

<p>18. E982X</p> <p>I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">CAUSE OF DEATH</p> <p align="center">(A) Stab wound of chest involving aorta</p> <p align="center">DUE TO</p> <p align="center">ANTECEDENT CAUSES</p> <p align="center">(B) _____</p> <p align="center">DUE TO</p> <p align="center">(C) _____</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>
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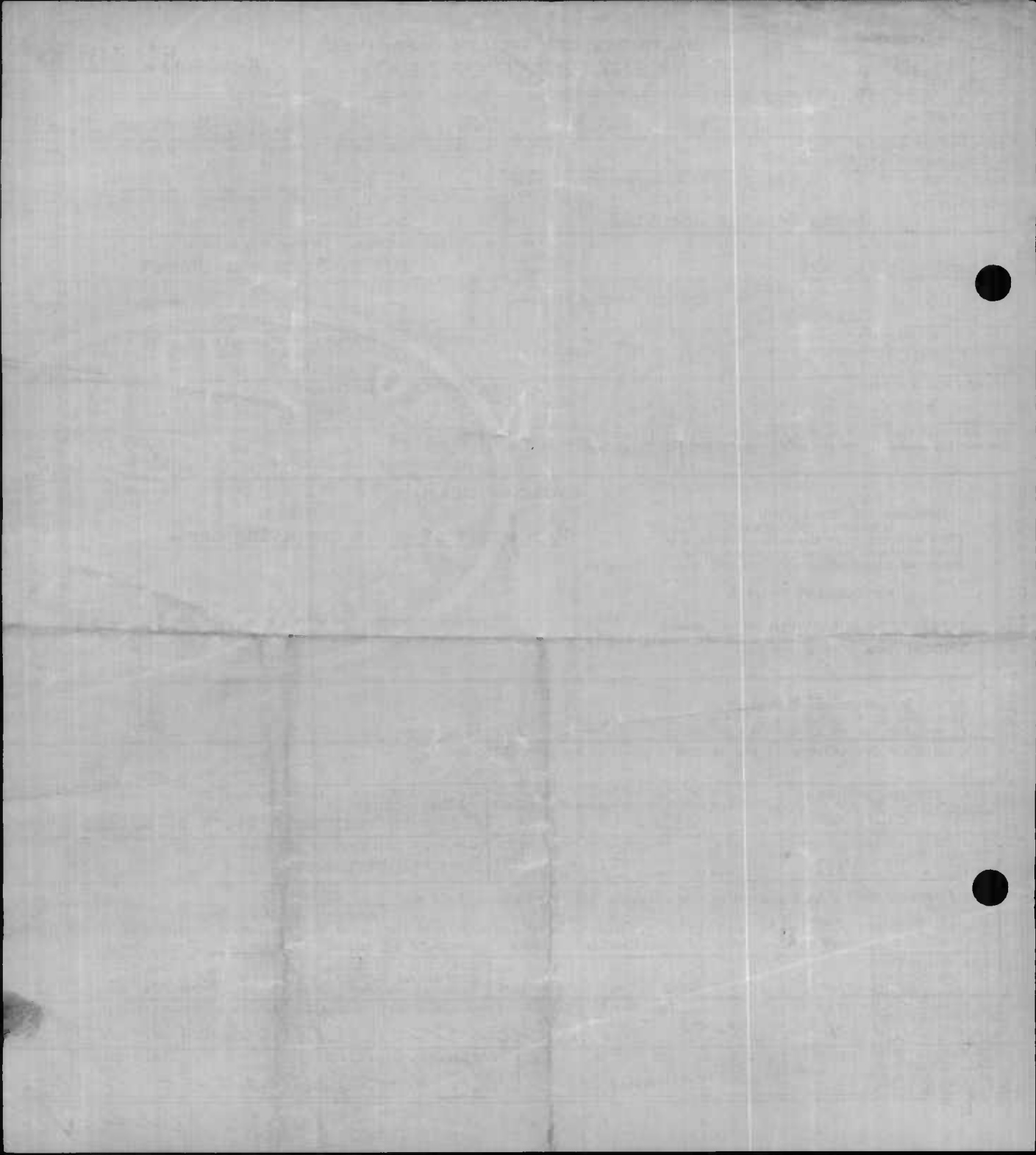
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Alley		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Alley in rear unit block of Dallas Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 17, 1951 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sharp instrument	

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE William Upchurch		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 21, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11-24-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary, Cedar Hill Md.	
24D. LOCATION (City, town, or county) (State) 167 ave.		25. FUNERAL DIRECTOR A. Halstead - 9187		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951		REGISTRAR'S SIGNATURE For Williams, M.D.			

N 861-97024

MEDICAL CERTIFICATION



120
1 10160

CERTIFICATE COMPLETED 12/12/51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10160
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LIVEZEY, JACOB Ott		2. DATE OF DEATH Nov. 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Harford			
B. FULL NAME OF HOSPITAL OR INSTITUTION Univ. Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belair			
D. Length of stay in Baltimore 19 ^{Ths} _{Days}		E. STREET ADDRESS (If rural, give location) 104 Eastern Ave 6200			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 8 - 1885	9. AGE (in years last birthday) 66	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Churchville Md	12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Robert S. Livezey		14. MOTHER'S MAIDEN NAME Anne Swartz			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Anne Louise Clark	
18. 193 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Brain Tumor DUE TO Astroblastoma		INTERVAL BETWEEN ONSET AND DEATH 2 mos.			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 11-15-51		19B. MAJOR FINDINGS OF OPERATION Brain Tumor		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-4 , 19 51 , to 11-23 , 19 51 ; that I last saw the deceased alive on 11-23 , 19 51 , and that death occurred at 7:00 m., from the causes and on the date stated above.					
23A. SIGNATURE John W. Benson		23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED 11-24-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 26, 1951		24C. NAME OF CEMETERY OR CREMATORY St. Carmel Methodist	
24D. LOCATION (City, town, or county) (State) Emmorton (Belair) Md		25. FUNERAL DIRECTOR W. H. Archer		ADDRESS Benson Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, Jr.			

MEDICAL CERTIFICATION

See Document File 51-10160

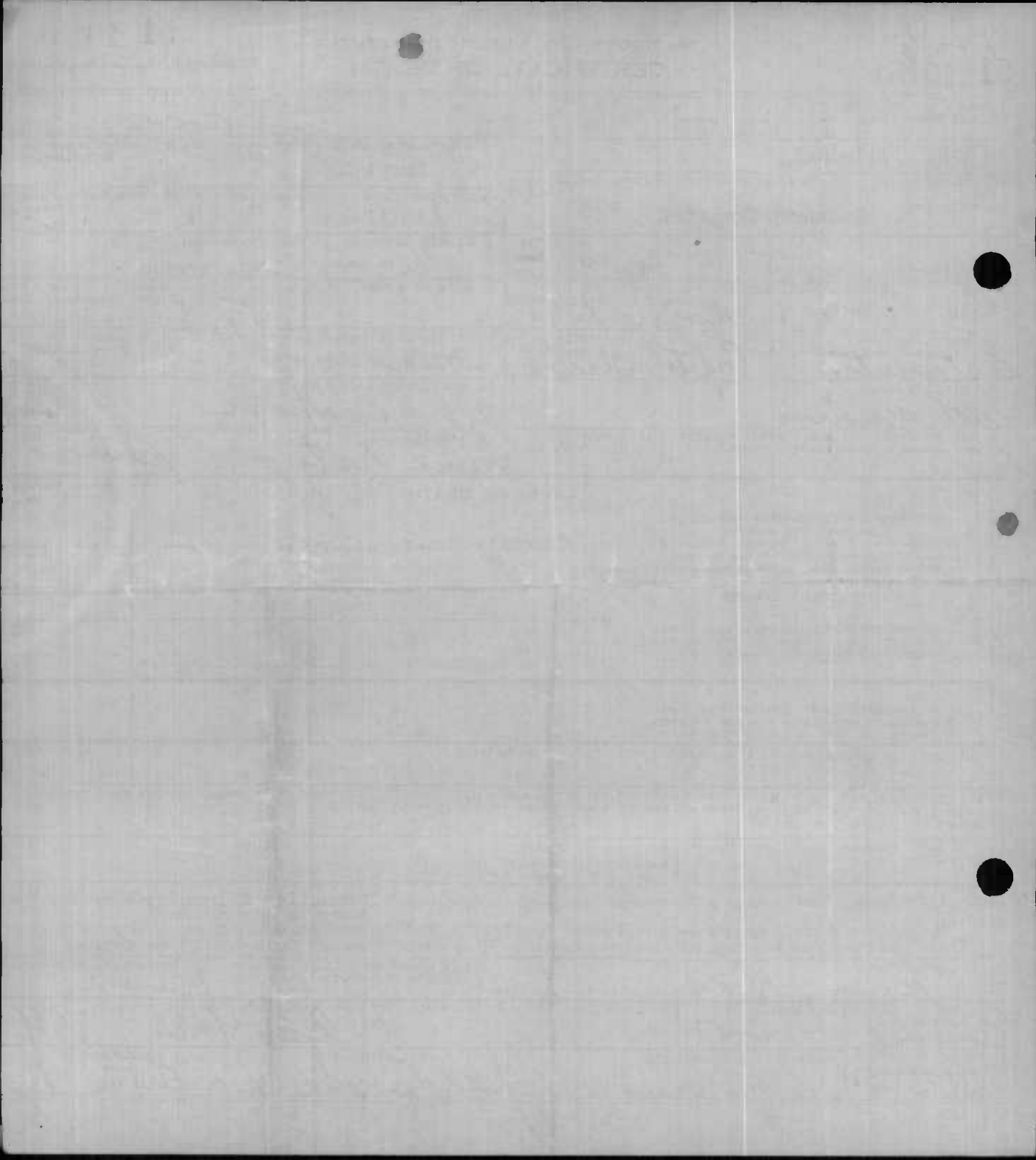
12/22/51 ES

320
51 10161
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10161

Registered No.

1. NAME OF DECEASED (Type or Print)		ALEXANDER KATZ		2. DATE OF DEATH 11-23-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (If rural, give location) 3438 Park Heights Avenue	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Estimator		9. AGE (In years last birthday) 27		10. BIRTHPLACE (State or foreign country) Hungary	
11. FATHER'S NAME Not Known		12. CITIZEN OF WHAT COUNTRY?		13. MOTHER'S MAIDEN NAME Not Known	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		15. SOCIAL SECURITY NO.		16. INFORMANT Joseph Katz -	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 42011 Coronary artery sclerosis		18. CAUSE OF DEATH		19. INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?	
30. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
31. SIGNATURE Stanley H. Dunschevsky, M.D.		32. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		33. DATE SIGNED 11-24-51	
34. BURIAL, CREMATION, REMOVAL (Specify) Removal		35. DATE 11-24-51		36. NAME OF CEMETERY OR CREMATORY New York N.Y.	
37. DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951		38. REGISTRAR'S SIGNATURE William Williams		39. FUNERAL DIRECTOR Jack Lewicki 2100 Canton Rd	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10162
Registered No. _____

560
51 10162
BIRTH NO. 51-28546

1. NAME OF DECEASED (Type or Print) <i>Brenda Kay Joyner</i>		2. DATE OF DEATH <i>11.24.57.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors Hospital.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>9</i> Yrs. <i>9</i> Mos. <i>9</i> Days		D. STREET ADDRESS (If rural, give location) <i>2513 W. Lombard St.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>11. 15. 57</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>9</i> If Under 1 Year Months: Days Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <i>Raymond Joyner</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <i>NORMA JEAN McCLINTOCK</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Raymond Joyner</i> ADDRESS <i>2012 W. Lombard St.</i>	

<p>18. <i>763.0</i></p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <i>Pneumonia lobes</i> DUE TO</p> <p>(B) <i>Meningitis</i> DUE TO</p> <p>(C) <i>Congenital Atelectasis</i></p>	<p>INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i></p>

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
<p>22. I hereby certify that I attended the deceased from <i>11-23-57</i>, to <i>11-24-57</i>, that I last saw the deceased alive on <i>11/24</i>, 1951, and that death occurred at <i>4A</i> m., from the causes and on the date stated above.</p>					
23A. SIGNATURE <i>Joseph L. Williams</i>		23B. ADDRESS <i>2730 N. Charles St.</i>		23C. DATE SIGNED <i>11/24/57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>11-26-57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Haven</i>	
				24D. LOCATION (City, town, or county) (State) <i>aa Co Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 24 1951</i>		REGISTRAR'S SIGNATURE <i>Joseph L. Williams</i>		25. FUNERAL DIRECTOR <i>Robt C. Walters</i>	
				ADDRESS <i>3512 Frederick Ave 108</i>	

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10163
Registered No. _____

420
51 10163
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Sarah Rawles			2. DATE OF DEATH 11-21-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Mo. B. COUNTY Balto.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1562 Clifton Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 13-03		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1562 Clifton Ave.		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 1, 1899		9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ONancock Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME Nancy Custis		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Mildred Blackwell		
			ADDRESS 1562 Clifton Ave		

CAUSE OF DEATH

18. **421.4**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) **Vascular Heart Disease**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

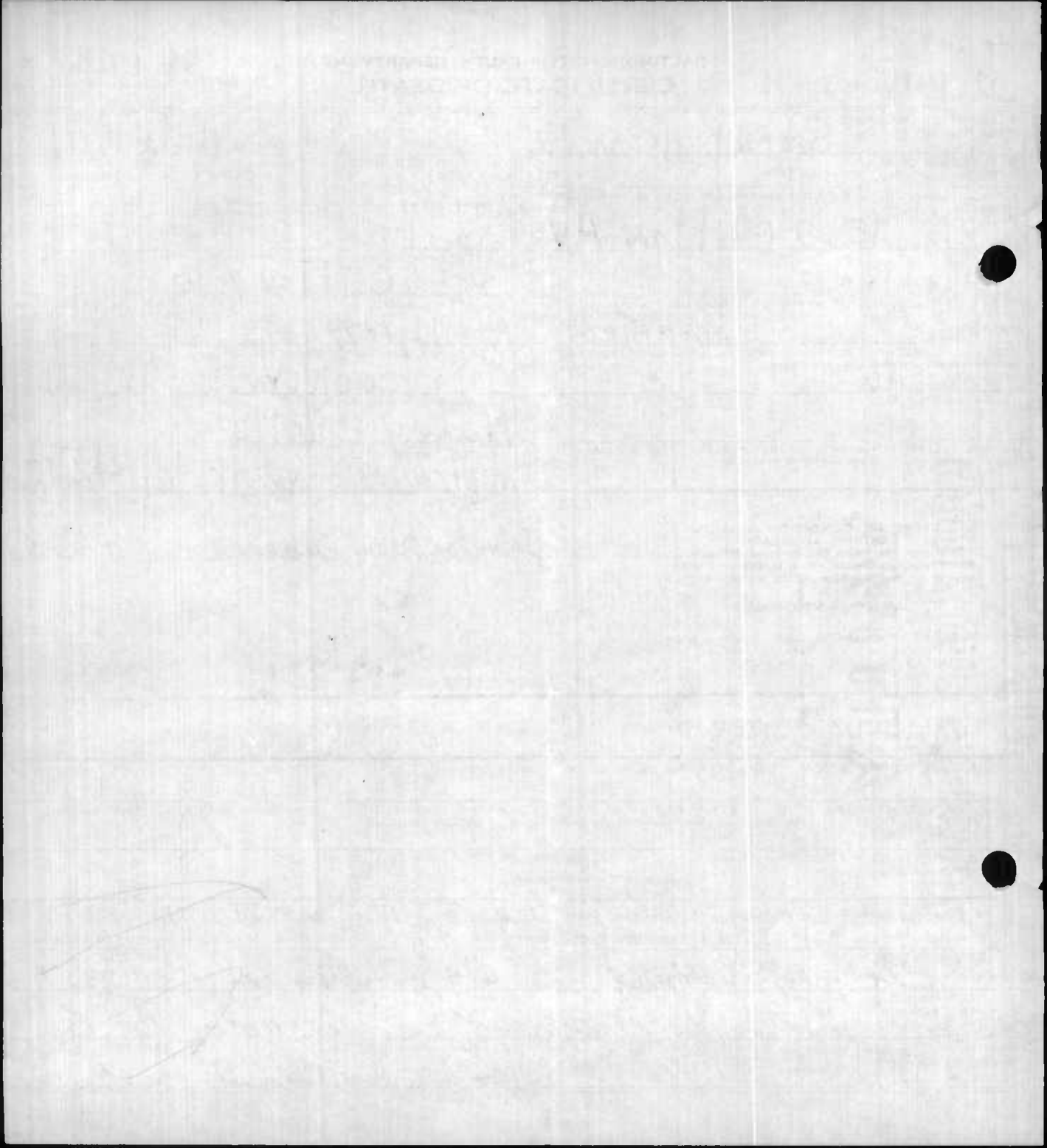
(B) _____
DUE TO
(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 13, 1951**, to **Nov 21, 1951**, that I last saw the deceased alive on **Nov 17, 1951**, and that death occurred at **4³⁰** a.m., from the causes and on the date stated above.

23A. SIGNATURE Douglas Sheppard		23B. ADDRESS 604 N. Fulton Ave		23C. DATE SIGNED 11/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 11/25/1951		24C. NAME OF CEMETERY OR CREMATORY Wachapreague Cem.	
24D. LOCATION (City, town, or county) (State) Accomac Co Va.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N. Shroeder St	
DATE RECEIVED BY LOCAL REGISTRAR NOV 24 1951		REGISTRAR'S SIGNATURE W. H. Williams			



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARTHA Hall Cure

2. DATE
OF
DEATH

November 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

608 N. Pulaski Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

16-05

D. STREET ADDRESS (If rural, give location)

608 N. Pulaski Street

C. Length of stay in Baltimore

50 W.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

March 16, 1881

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days

8

5

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House hold

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Howard County, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Alice Berkler 608 N. Pulaski St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion

Several Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiovascular Disease

Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from September 1951, to 11-24, 1951, that I last saw the
deceased alive on 11-20, 1951, and that death occurred at 3:35 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt M. O.

23B. ADDRESS

163110 Franklin St.

23C. DATE SIGNED

11-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

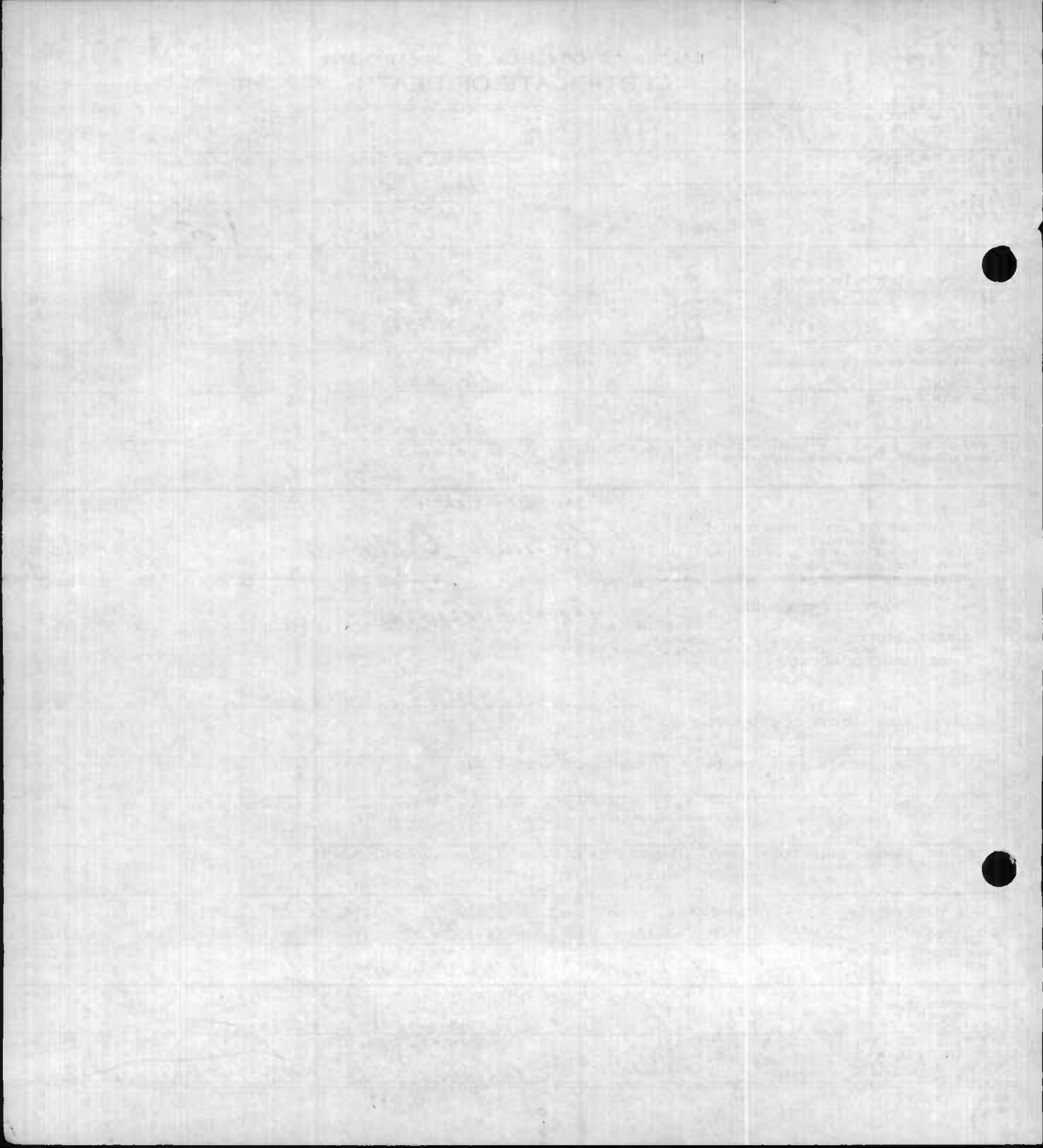
ADDRESS

NOV 24 1951

Washington Williams, Jr.

Mystete P. Williams

Schroeder St.



425
51 10165BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10165

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Robert Wilson

2. DATE
OF
DEATH

11-22-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

232 N. Carey St

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Balto. township)

19-02

D. STREET ADDRESS (If rural, give location)

232 N. Carey St.

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 1892 59

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Sec

11. BIRTHPLACE (State or foreign country)

Winnsboro SC.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Rich Dixon

14. MOTHER'S MAIDEN NAME

Charlotte Wilson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Mary Wilson 232 N. Carey St.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) _____

DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1951, to 11/22, 1951, that I last saw the
deceased alive on 11/22, 1951, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Beckling

23B. ADDRESS

424 N. Guilford St.

23C. DATE SIGNED

11/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/26/1951

24C. NAME OF CEMETERY OR CREMATORY

Arbular Memorial Arbular

24D. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Mrs Kate R. Williams

ADDRESS

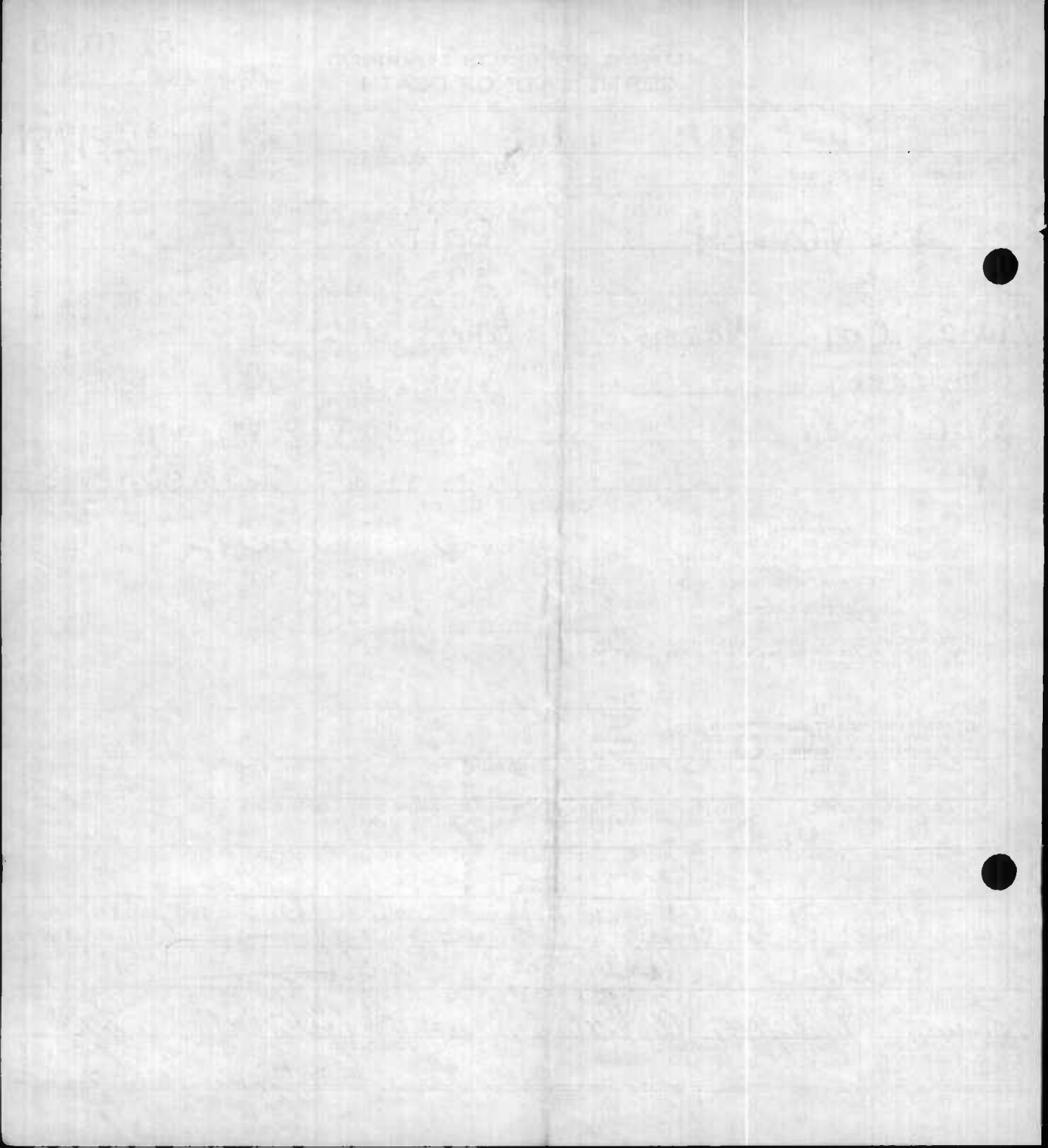
322 N. Schroeder St.

VS 150

97095

94a

MEDICAL CERTIFICATION



51 10166

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10166

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATE CLAYTON FOSTER

2. DATE
OF
DEATH

11-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 132 N. AIRQUITH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

132 N. AIRQUITH ST.

D. STREET ADDRESS (If rural, give location)

5-01

Length of stay in Baltimore

53 YEARS.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Color

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1888

9. AGE (In years last birthday)

63

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JASPER CLAYTON

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no.

16. SOCIAL SECURITY NO.

NO.

17. INFORMANT

ANITA K. FOSTER

ADDRESS

132 N. AIRQUITH ST. CITY

18. 446X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute Respiratory Infection

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Nephritis
arterio-sclerosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 1951, to Nov 17, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 5 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Morris A. Carter

23B. ADDRESS

112 Airquith St

23C. DATE SIGNED

11-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

ARBUTUS MEMORIAL

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Morris A. Carter

25. FUNERAL DIRECTOR

MORRIS A. CARTER

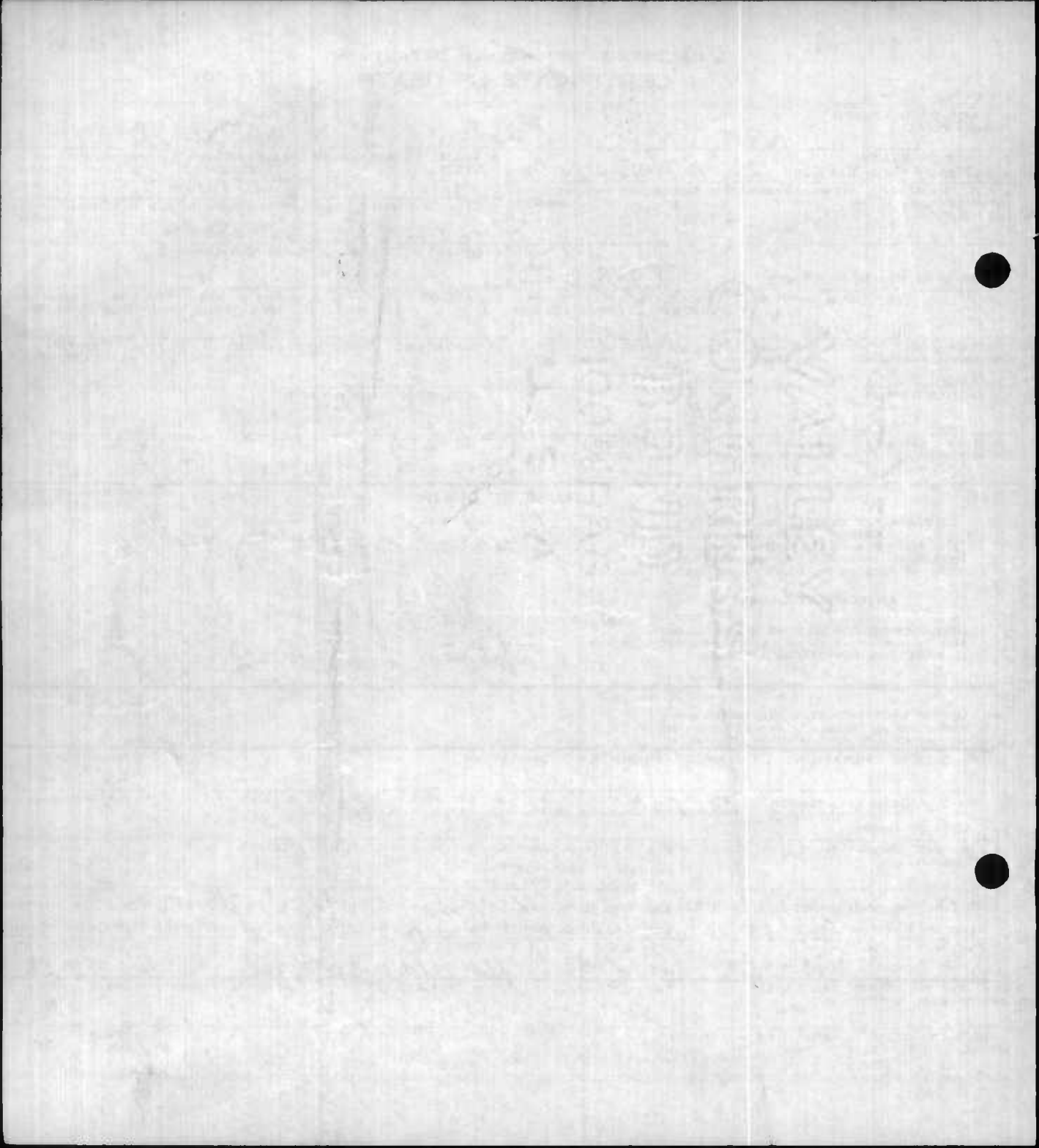
ADDRESS

600-2nd St S.W. WASH DC

VS 150

1312

MEDICAL CERTIFICATION



0-460 51 10167
AB-153588BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10167

BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Uhler			2. DATE OF DEATH Nov. 22-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1928 W. Fairmount Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 9- 1875		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work or occupation most of working life, even if retired) Retired Employee Balto. Transit			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Andrew Jackson			14. MOTHER'S MAIDEN NAME Mary Elizabeth Rollin		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMATION ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.		

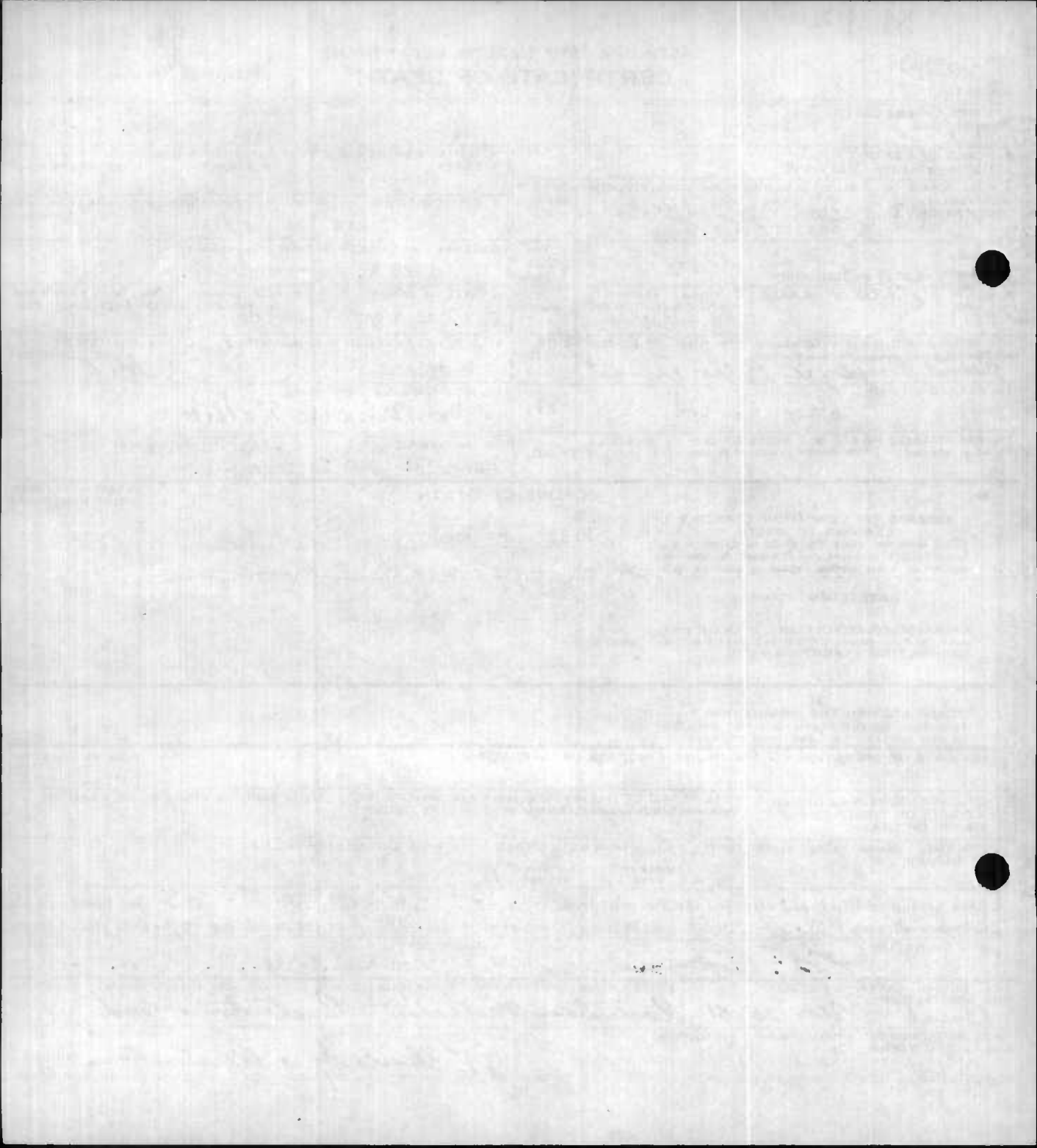
18. 527.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Emphysema CAUSE OF DEATH (A) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Nov. 1- , 1951, to Nov. 22- , 1951, that I last saw the deceased alive on Nov. 22, 1951, and that death occurred at 10.20 AM, from the causes and on the date stated above.

23A. SIGNATURE J. F. Elene	23B. ADDRESS 4940 Eastern Ave., Balto., Md.	23C. DATE SIGNED Nov. 22-1951
-------------------------------	--	----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 25-51	24C. NAME OF CEMETERY OR CREMATORY Rustertown Methodist	24D. LOCATION (City, town, or county) Rustertown Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 25 1951	REGISTRAR'S SIGNATURE Rustertown	25. FUNERAL DIRECTOR J. F. Elene - Ans Rustertown Md.	



G-35 51 10168

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10168
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Hilda Godwin

2. DATE
OF
DEATH

Nov. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Church Home Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Church Home + Hospital
INSTITUTION Baltimore 31, Maryland.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Laurel

D. STREET ADDRESS (If rural, give location)

Washington Blvd. 6200

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 23, 1901

9. AGE (in years last birthday)

50

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

Koons Alfred

14. MOTHER'S MAIDEN NAME

Smith, Lilly

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James C. Koons, Elbridge Md.

18. 331X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Malignant hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) cerebral vascular accident

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/16/51 to 11/24/51, that I last saw the deceased alive on 11/24/51 and that death occurred at 6:13 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

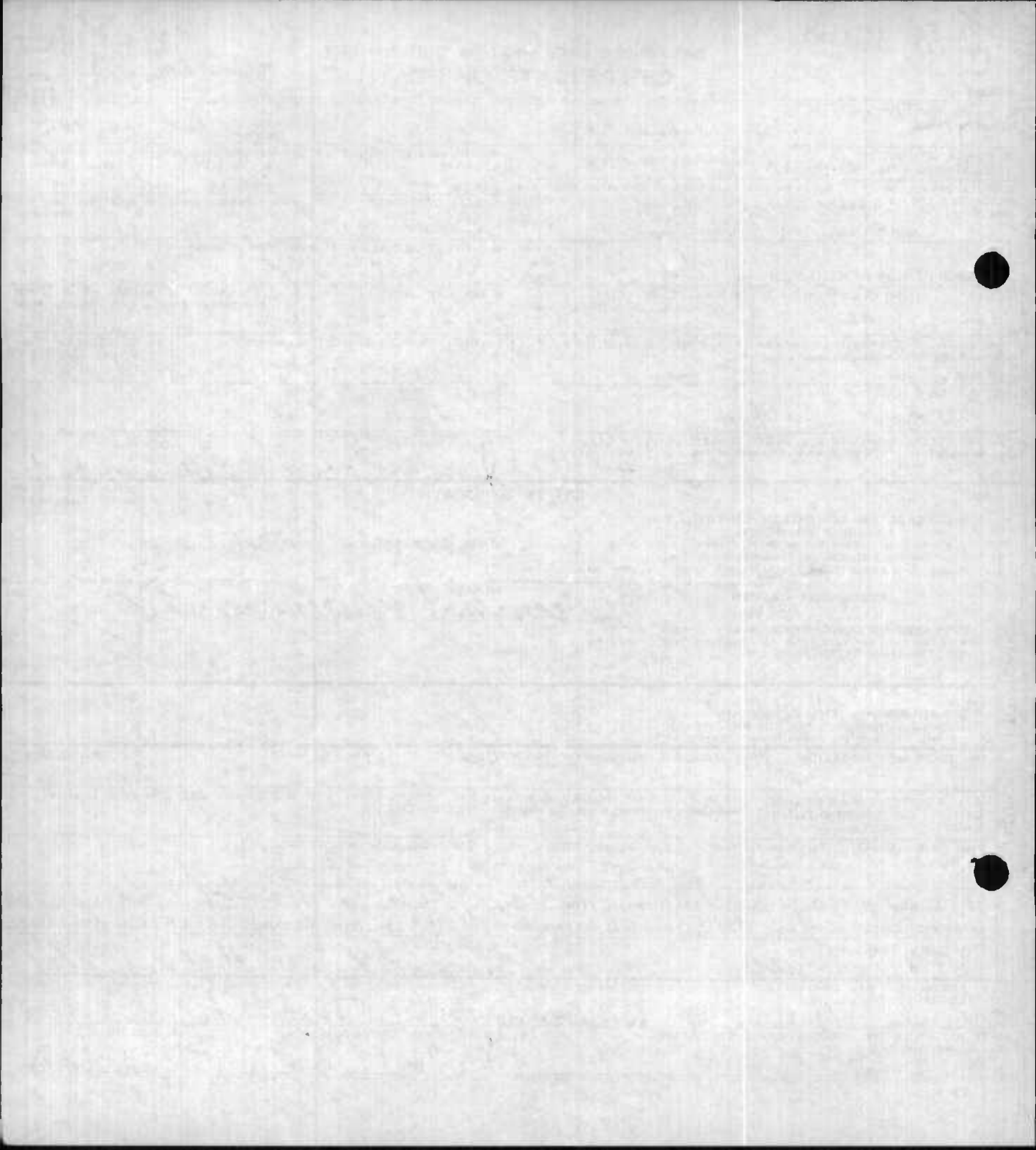
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 10169

CERTIFICATE CORRECTED 12-14-51

51 10169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) REBECCA HURNWITZ		2. DATE OF DEATH 11-24-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6202 West Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-20	
6. Length of stay in Baltimore 5 Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) 6202 West Ave	
7. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH 70-7-2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Kopel		14. MOTHER'S MAIDEN NAME Itka	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Jack Sekulow		ADDRESS Lanaw	

18. 232X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) General Cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 10 yrs.
CAUSE OF DEATH (A) DUE TO General Cerebral arteriosclerosis		
ANTECEDENT CAUSES (B) DUE TO Cerebral Thrombosis		5 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO Arteriosclerosis		
ii OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946 to 11-24 , 19 51 , that I last saw the deceased alive on 11-24 , 19 51 , and that death occurred at 12:47 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Queen B. King MD		23B. ADDRESS 2370 Sutter Place		23C. DATE SIGNED 11-24-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11-24-51		24C. NAME OF CEMETERY OR CREMATORY New York NY	
DATE RECEIVED BY LOCAL REGISTRAR NOV 25 1951		REGISTRAR'S SIGNATURE Jack Lewis		25. FUNERAL DIRECTOR 2100 Sutter Pl	

Kush

51 10170

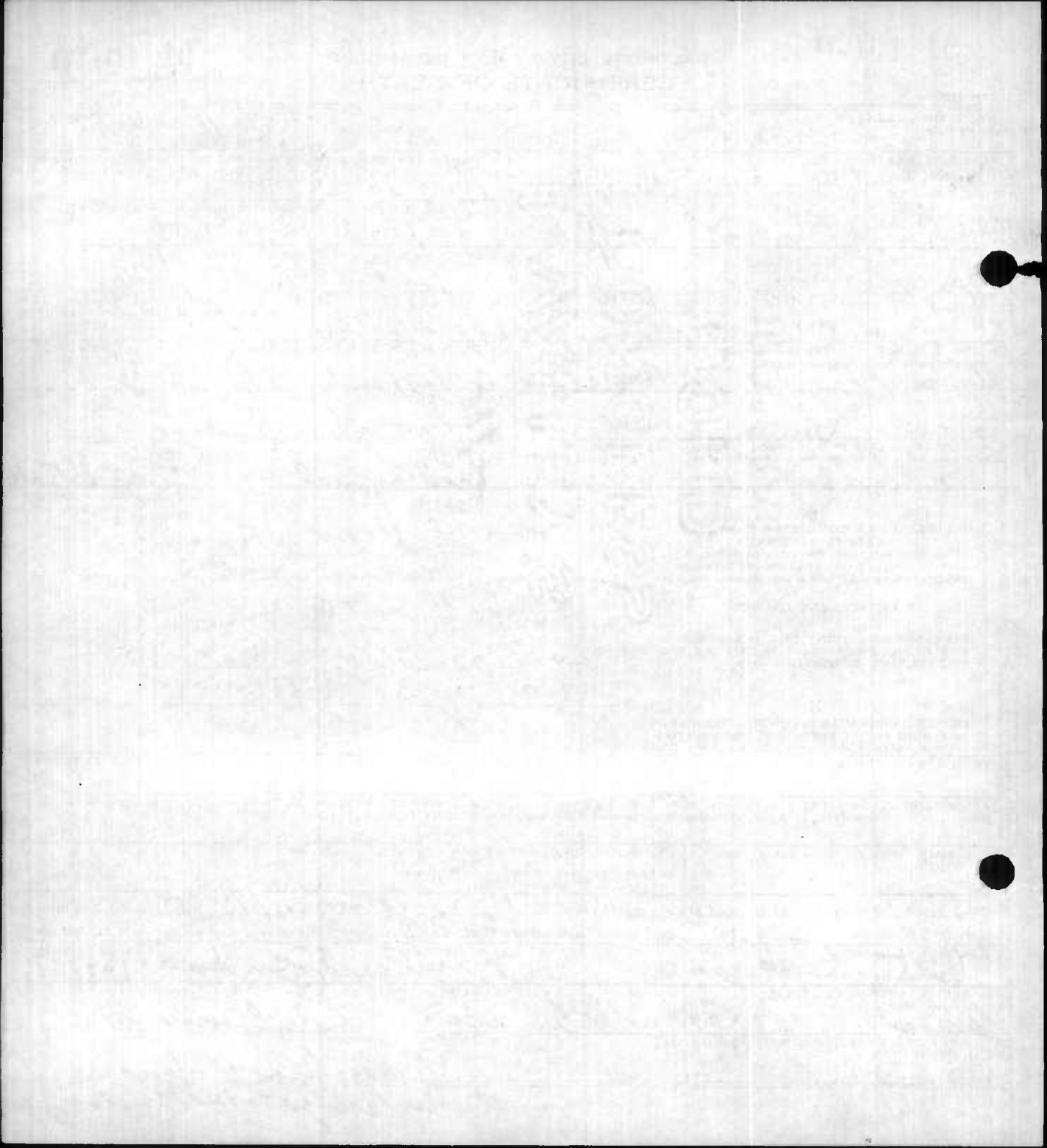
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10170
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Elizabeth Lynch</i>		2. DATE OF DEATH <i>11.24.51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-06</i>	
D. STREET ADDRESS (If rural, give location) <i>1817 Chilton St. #18</i>		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 16, 1886</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>	9. AGE (In years last birthday) <i>64</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Gerard Keener</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Eakin</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO. <i>---</i>	
17. INFORMANT <i>Fred Lynch</i>		ADDRESS <i>1817 Chilton St. Baltimore</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>	CAUSE OF DEATH <i>Cerebral Hemorrhage</i>	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hyperleusive and Arteriosclerotic Cardiovascular Disease</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>11/27/51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/21, 1951</i> , to <i>11/24, 1951</i> , that I last saw the deceased alive on <i>11/24, 1951</i> , and that death occurred at <i>3:05 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony C. Verone</i>		23B. ADDRESS <i>Maryland General Hospital</i>		23C. DATE SIGNED <i>11/24/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/27/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Libertytown Md</i>		25. FUNERAL DIRECTOR <i>D. D. Hagler & Sons</i> <i>Union Bridge & New Brandon</i> <i>931 Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 25 1951</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams</i>		ADDRESS	



51 10171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10171

Registered No.

BIRTH NO. 51-16930

1. NAME OF DECEASED
(Type or Print)

HOWARD LAPIN

2. DATE
OF
DEATH

November 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4030 Hilton Road

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

July 25, 1951

9. AGE (in years
last birthday)11 Under 1 Year
Months: Days

4

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.B.

13. FATHER'S NAME

JACK LAPIN

14. MOTHER'S MAIDEN NAME

DORIS ADELMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Jack Lapin

ADDRESS

SHEP

18. E 921.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Liberty Heights and Wabash Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

11/23/51 1:00P.m.

21E. INJURY OCCURRED

WHILE AT ☐ WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspiration of vomitus

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11/23/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 25, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Balt.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

R. Fisher

25. FUNERAL DIRECTOR

ADDRESS

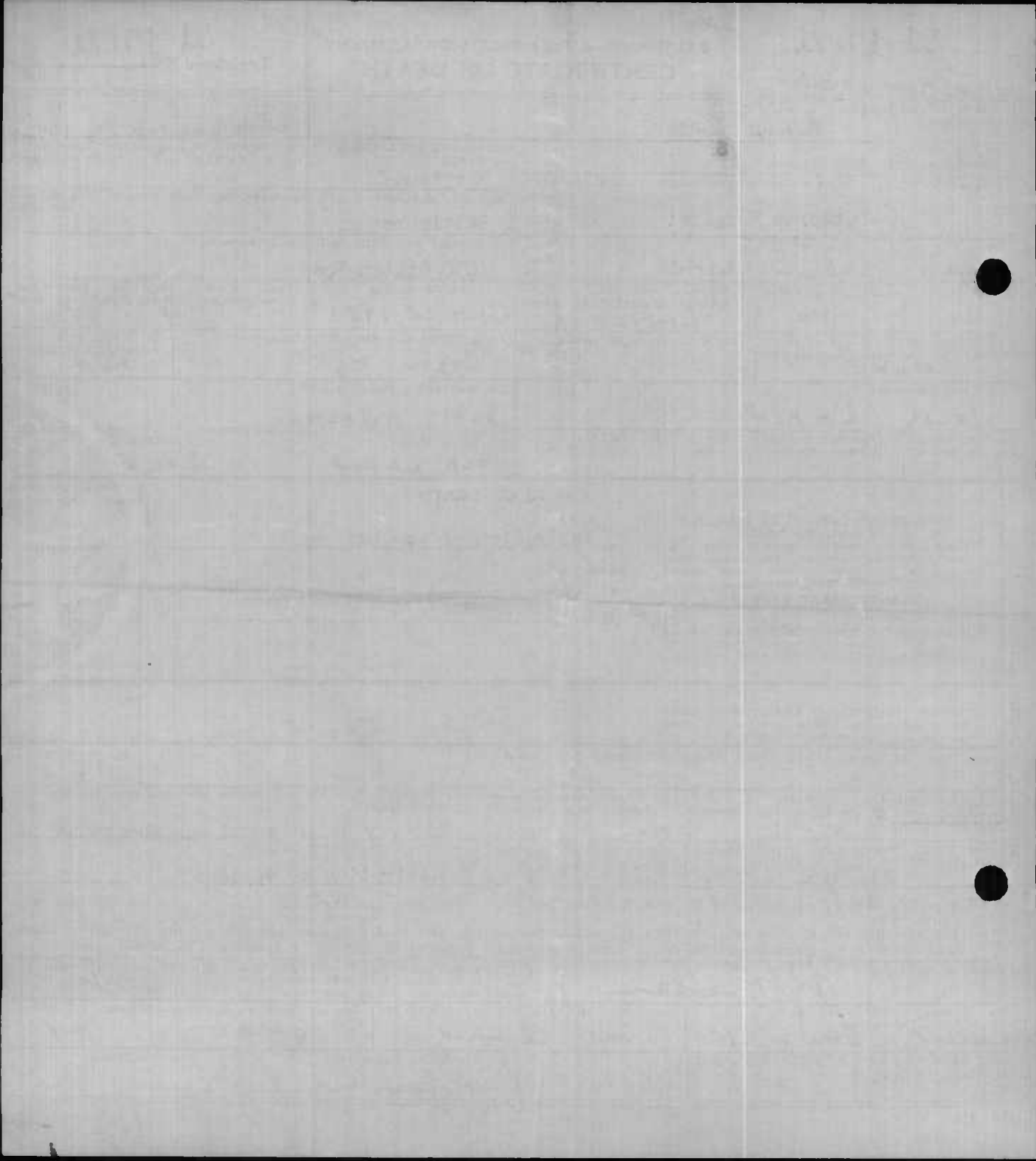
Jack Lewis Inc - 2100 Eutan Pl.

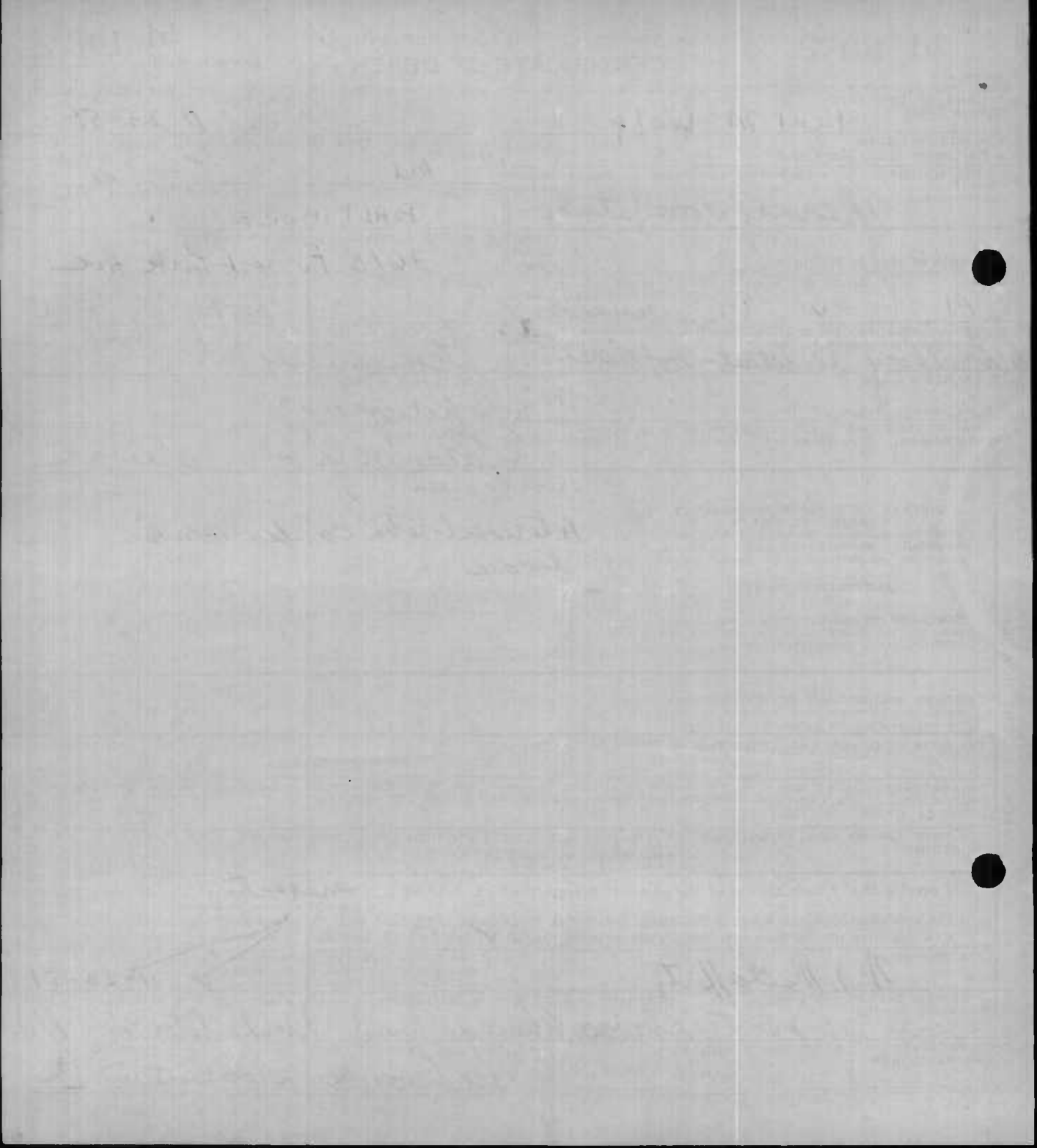
VS 151

N-933.4

1951

MEDICAL CERTIFICATION





51 10173

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10173
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Sarah Tucker

2. DATE
OF
DEATH

11-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Levendale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-17

D. STREET ADDRESS (If outside corporate limits, give location)

Levendale

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

75

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry

14. MOTHER'S MAIDEN NAME

Jetta

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

INFORMANT

ADDRESS

Goldie Rutch 3400 Bayfield Ave

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

Cerebral Arteriosclerosis years

DUE TO

(C)

General Arteriosclerosis years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive cardio-vascular disease years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1950, to 11-25, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 2:54 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome J. Blumberg, M. D.

23B. ADDRESS

Levendale Home

23C. DATE SIGNED

11-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-25-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Jack Lewis

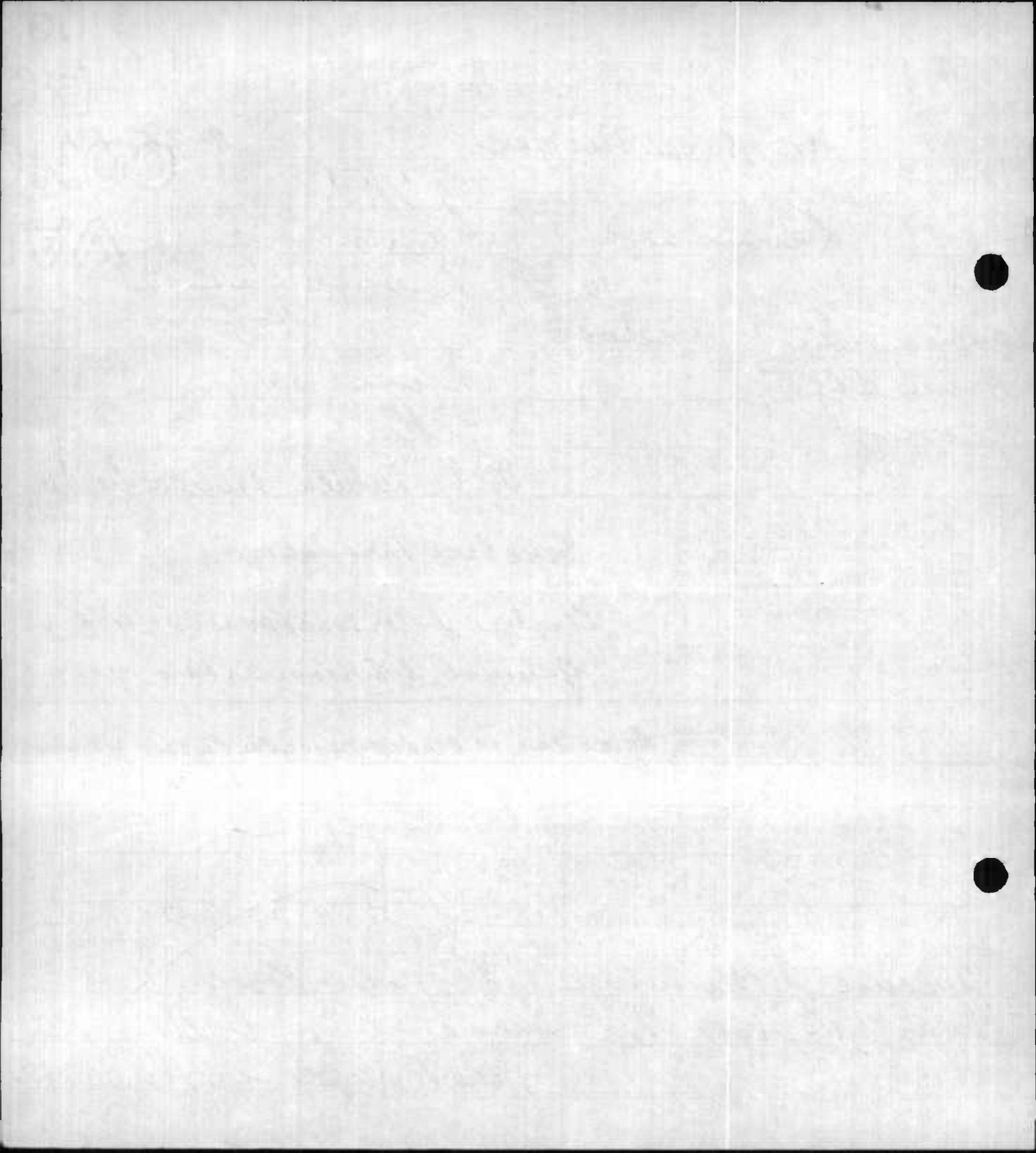
ADDRESS

2100 Guitan Pl

VS 150

93D

MEDICAL CERTIFICATION



255
51 10174BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10174

BIRTH NO.

1. NAME OF DECEASED (Type or Print) REVA SUSSEMAN			2. DATE OF DEATH Nov 24, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3327 PARKHEIGHTS AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12		
C. Length of stay in Baltimore 10 Yrs			D. STREET ADDRESS (If rural, give location) 3327 ParkHeights Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1878	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Lithuania	
13. FATHER'S NAME Hasel Sekolektor			12. CITIZEN OF WHAT COUNTRY?		
14. MOTHER'S MAIDEN NAME Jehessa			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Herman J. Sussman 2608 Keyworth Ave		

18. 465x
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Pulmonary Embolism
DUE TO arterio-sclerosis,
(B) Cardiac Decompensation
DUE TO failure
Primary anemia.
(C)

INTERVAL BETWEEN ONSET AND DEATH

about 40-50 min.

2 hrs.

MEDICAL CERTIFICATION

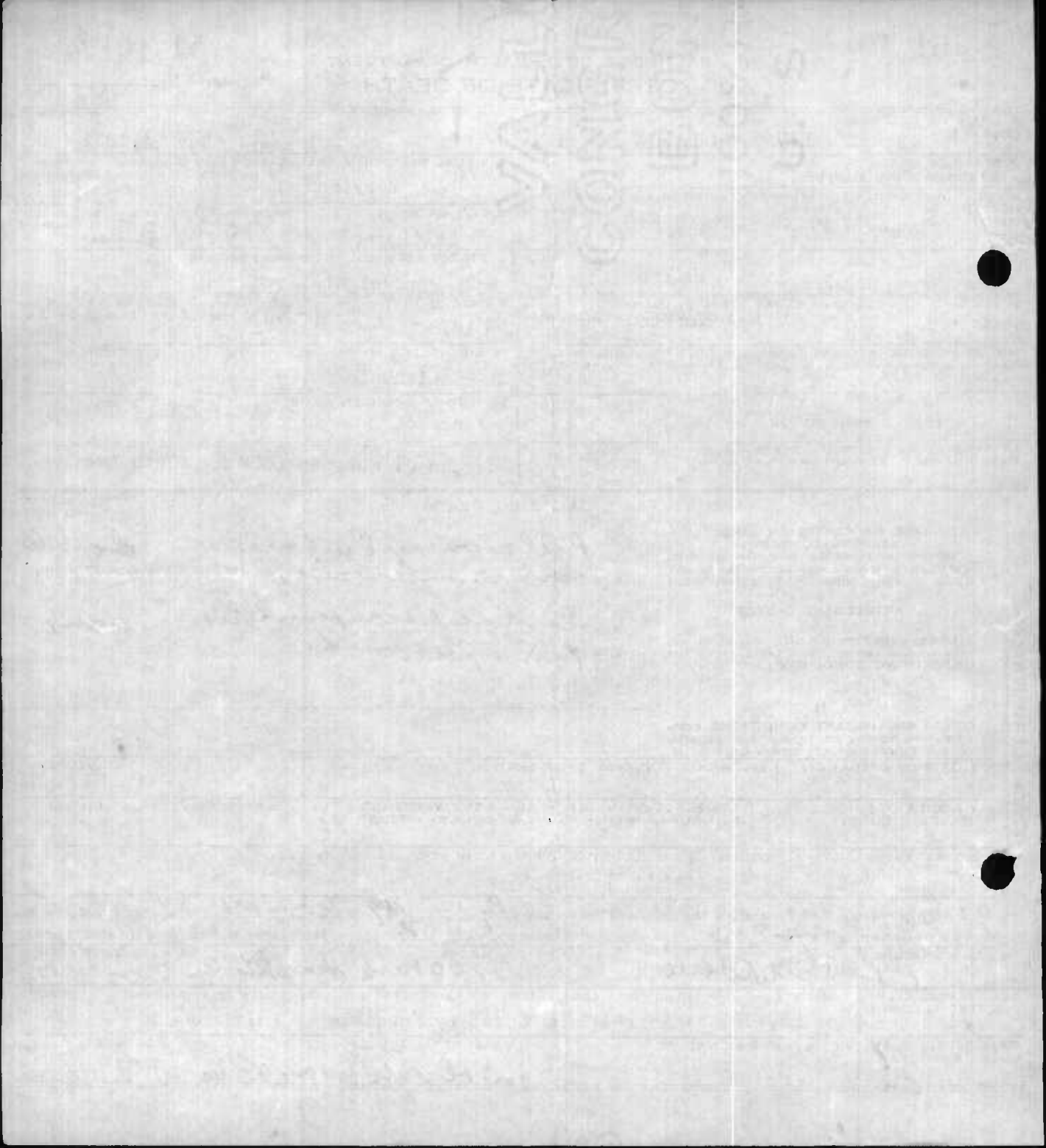
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1947, to Nov 24, 1951, that I last saw the deceased alive on Nov 25, 1951, and that death occurred at 6:50 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Lester W. Kolman		23B. ADDRESS 3700 Park Heights Ave		23C. DATE SIGNED Nov 24 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov 25, 1951		24C. NAME OF CEMETERY OR CREMATORY Sharrei Zion Cemetery Rosedale	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Sol Rivinson		ADDRESS 1126 Bus W North Ave	

DATE RECEIVED BY
LOCAL REGISTRAR
NOV 25 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 1126



51 10175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10175

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Rosaria Fonte		2. DATE OF DEATH November 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 28 S. Benkert Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-07	
D. STREET ADDRESS (If rural, give location) 28 S. Benkert			
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 9-15-1856	
9. AGE (In years last birthday) 95		10. Under 1 Year Months 2 Days 8	
11. Under 24 Hours Hours 2 Min. 8		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10B. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME Charles Biondo		14. MOTHER'S MAIDEN NAME Carmella ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Josephine Imbroglio		ADDRESS 28 S. Benkert Avenue	

CAUSE OF DEATH

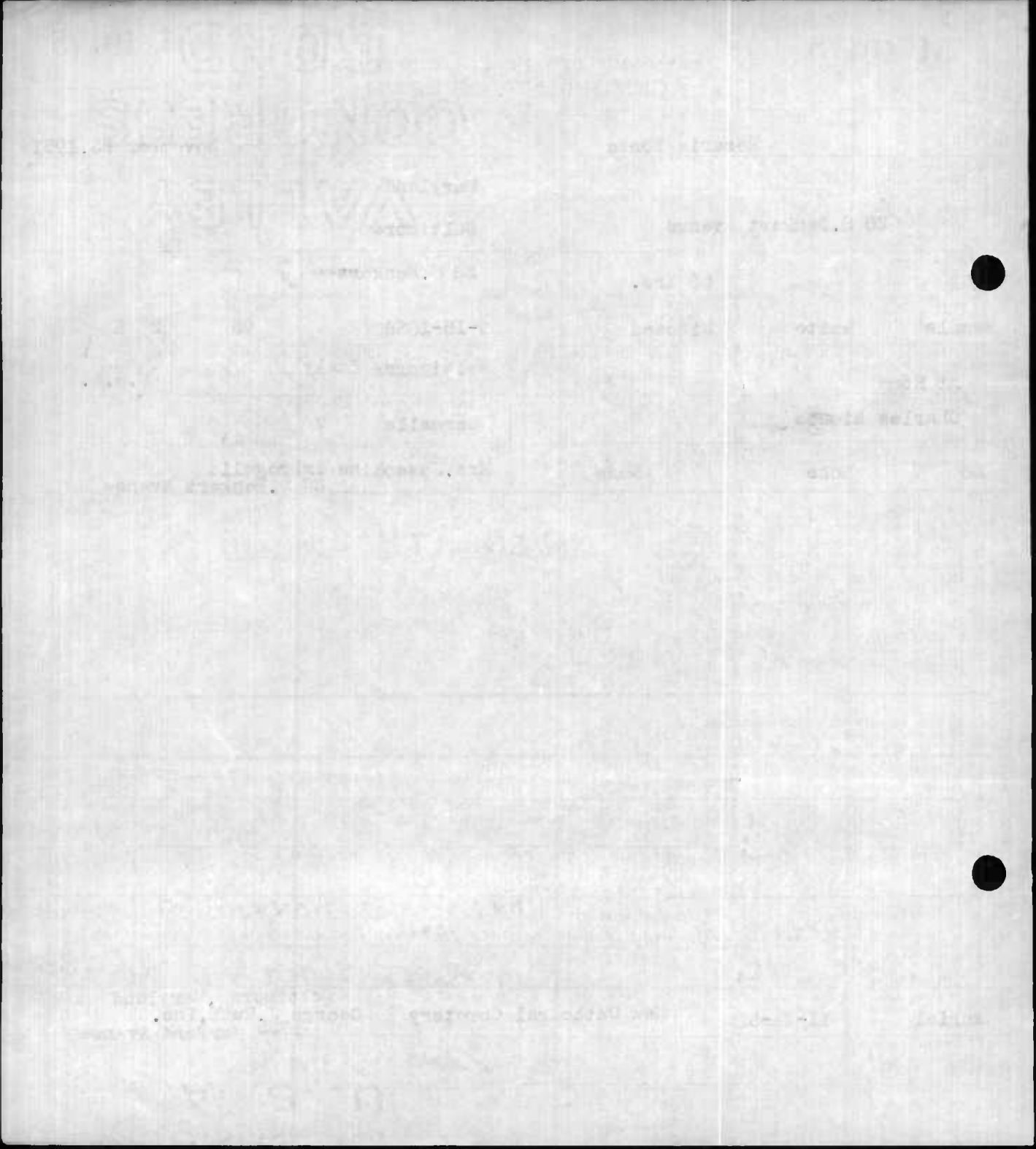
18. 794x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) SENILITY (A) _____ DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) _____ DUE TO _____	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ DUE TO _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 22, 1951** to **Nov. 23, 1951**, that I last saw the deceased alive on **Nov. 23, 1951**, and that death occurred at **1030 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE George J. Ruth, Inc.	23B. ADDRESS M. D. 1902 GREENMOUNT AVE.	23C. DATE SIGNED Nov. 24-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-26-51	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
24D. Baltimore City, Maryland (State)		24E. George J. Ruth, Inc.
24F. 1735 Harford Avenue		

DATE RECEIVED BY LOCAL REGISTRAR NOV 25 1951	REGISTRAR'S SIGNATURE George J. Ruth, Inc.	25. FUNERAL DIRECTOR George J. Ruth, Inc.
ADDRESS 1735 Harford Ave.		



340
51 10176BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10176
Registered No.

BIRTH NO.			2. DATE OF DEATH 11-24-51		
1. NAME OF DECEASED (Type or Print) <u>sister Jacobea Bittell</u>			3. PLACE OF DEATH: A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bon Secours Hospital</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) C. CITY OR TOWN <u>Baltimore</u> D. STREET ADDRESS <u>St. Charles College, Catonsville</u>		
5. SEX <u>Female</u> 6. COLOR OR RACE <u>White</u> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>			8. DATE OF BIRTH <u>2-22-79</u> 9. AGE (in years last birthday) <u>72</u>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>			11. BIRTHPLACE (State or foreign country) <u>Germany</u>		
13. FATHER'S NAME <u>Matthias Bittel</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Walburg Luff</u>			ADDRESS		

18. <u>593x</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <u>Uremia</u>		DUE TO			
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Glomerulo Nephritis</u>		DUE TO	
		(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Cardiac Failure</u>					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

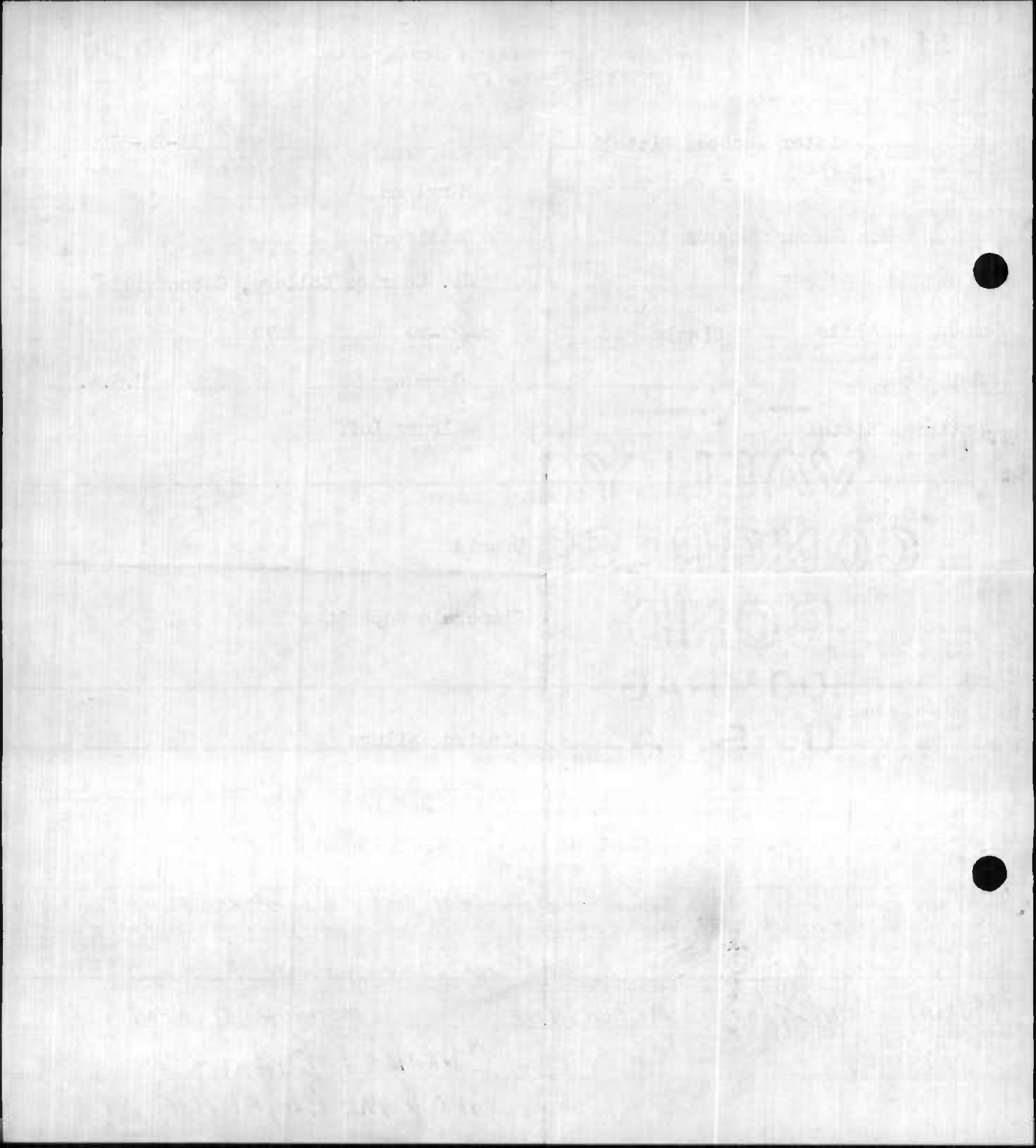
22. I hereby certify that I attended the deceased from November 21, 1951, to November 24, 1951, that I last saw the deceased alive on Nov. 24, 1951, and that death occurred at 7:15 pm., from the causes and on the date stated above.

23A. SIGNATURE <u>Doris Elgate</u>		23B. ADDRESS <u>Bon Secours Hospital</u>		23C. DATE SIGNED <u>11-24-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>11/27/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>MELBORNE</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 25 1951</u>		REGISTRAR'S SIGNATURE <u>W. Williams</u>		25. FUNERAL DIRECTOR <u>CHARLES F. EVANS & SON</u>	

VS 150

0788W 118 W. Mt Royal Ave 130

MEDICAL CERTIFICATION



51 10177

51 10177

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA FAY IMMLER

2. DATE
OF
DEATH

Nov. 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Josephs Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

AUG. 5, 1884 67 yrs.

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Checker - in Laundry

10B. KIND OF BUSINESS OR
INDUSTRY

ANNEX LAUNDRY

11. BIRTHPLACE (State or foreign country)

Baltimore, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

AUGUST IMMLER

14. MOTHER'S MAIDEN NAME

ELLA C. ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or not known)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NO

NO

219-12-6645

HOSP. RECORDS.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular

DUE TO

accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive arteriosclero-

DUE TO

tia

(C)

cardiovascular disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 7:45, 19__, to ____, 19__, that I last saw the
deceased alive on 19__, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

St. Josephs Hospital

11-22-51.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL 11-26-51.

PARKWOOD CEM.

TAYLOR AVE. BALTO. Co., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1951

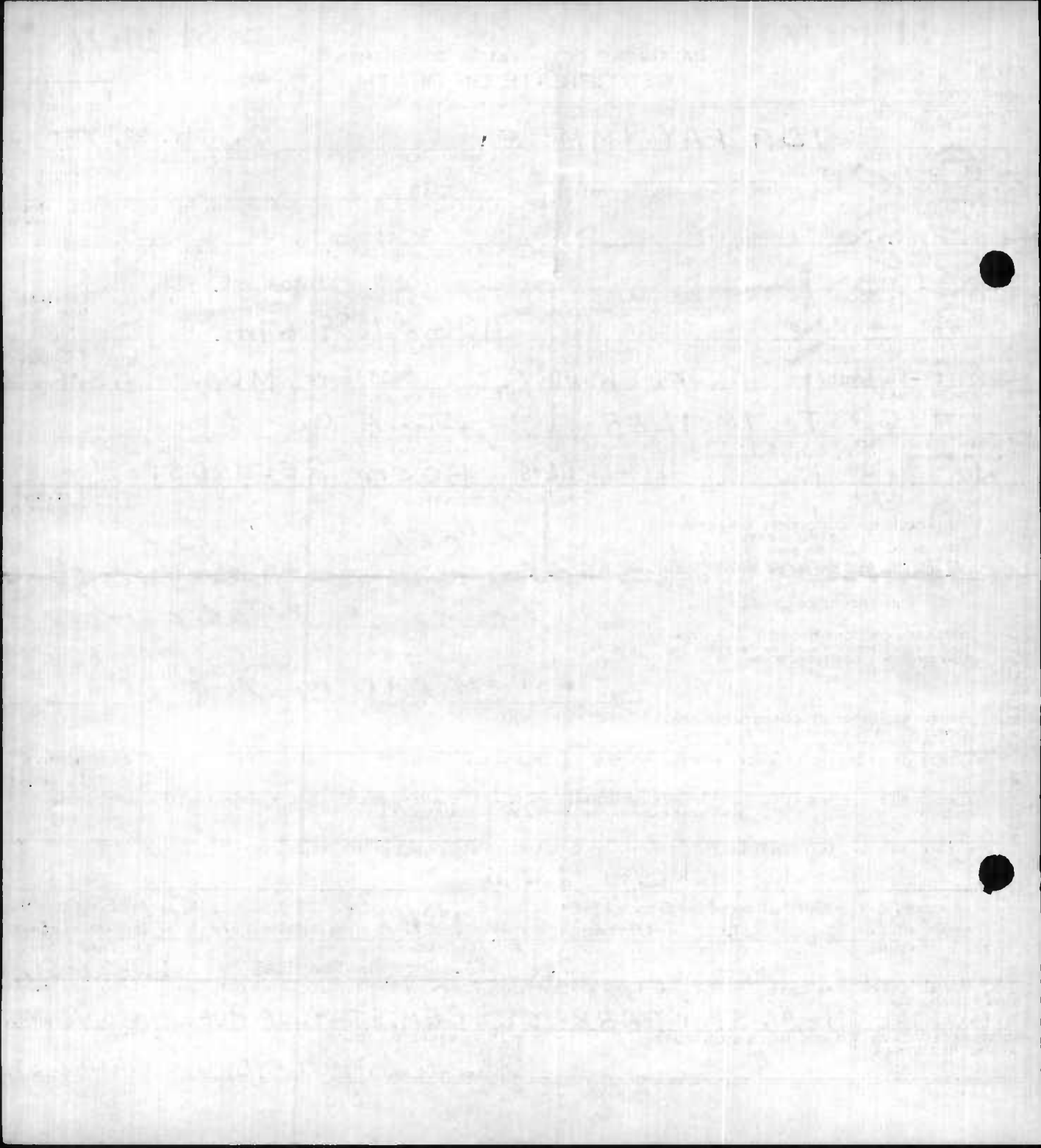
Charles S. Geiler 901 S. CONKLING ST.

VS 150

643 FC

93D

MEDICAL CERTIFICATION



51 10178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10178

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sylvester Pope

2. DATE
OF
DEATH

Nov. 21-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2613 Halsey Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland 27-03

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2613 Halsey Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

married

8. DATE OF BIRTH

June 25-1890

9. AGE (In years last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS OR INDUSTRY

B.O.R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wesley Pope

14. MOTHER'S MAIDEN NAME

Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

105-07-9478

17. INFORMANT

Mrs. Luella Pope-2613 Halsey

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Embolism

Immediate

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Previous Embolism with Rt.

DUE TO

(C) hemiplegia and loss of speech

3 years ago

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 1949 to Nov. 21, 1951, that I last saw the deceased alive on Nov. 9, 1951, and that death occurred at 1039 m., from the causes and on the date stated above.

23A. SIGNATURE

James E. White

23B. ADDRESS

5214 Bayford Rd.

23C. DATE SIGNED

24 Nov 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 25 1951

Huntington Williams

L. J. Luck

5305 Bayford Rd

Dr. White

51 10179
240BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

51 10179

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *Charles Nelson BUSHELL*2. DATE
OF DEATH *11.23.51*3. PLACE OF DEATH:
A. Baltimore City, Maryland *Baltimore*4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE *Maryland* B. COUNTY _____B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE *Maryland General Hospital*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
*Baltimore 27-01*Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____D. STREET ADDRESS (If rural, give location)
*4712 Hampnett Ave #14*5. SEX
*male*6. COLOR OR RACE
*white*7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify)
m.

8. DATE OF BIRTH

Feb. 25-1909

9. AGE (In years last birthday)

*42*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*draftsman*10B. KIND OF BUSINESS OR INDUSTRY
Dietrich Bros

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Allen Bushell

STEEL (M)

14. MOTHER'S MAIDEN NAME

Elizabeth N. Howells

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

*Mrs. Bertha E. Bushell-Hampnett*18. *421.0*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) *Decompensated mitral stenosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *auricular fibrillation*

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Lung failure*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *11.22*, 1951, to *11.23*, 1951; that I last saw the deceased alive on *11.23*, 1951, and that death occurred at *1:50* p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. K. Under

23B. ADDRESS

M. D. Maryland General Hospital

23C. DATE SIGNED

11.23.51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-27-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

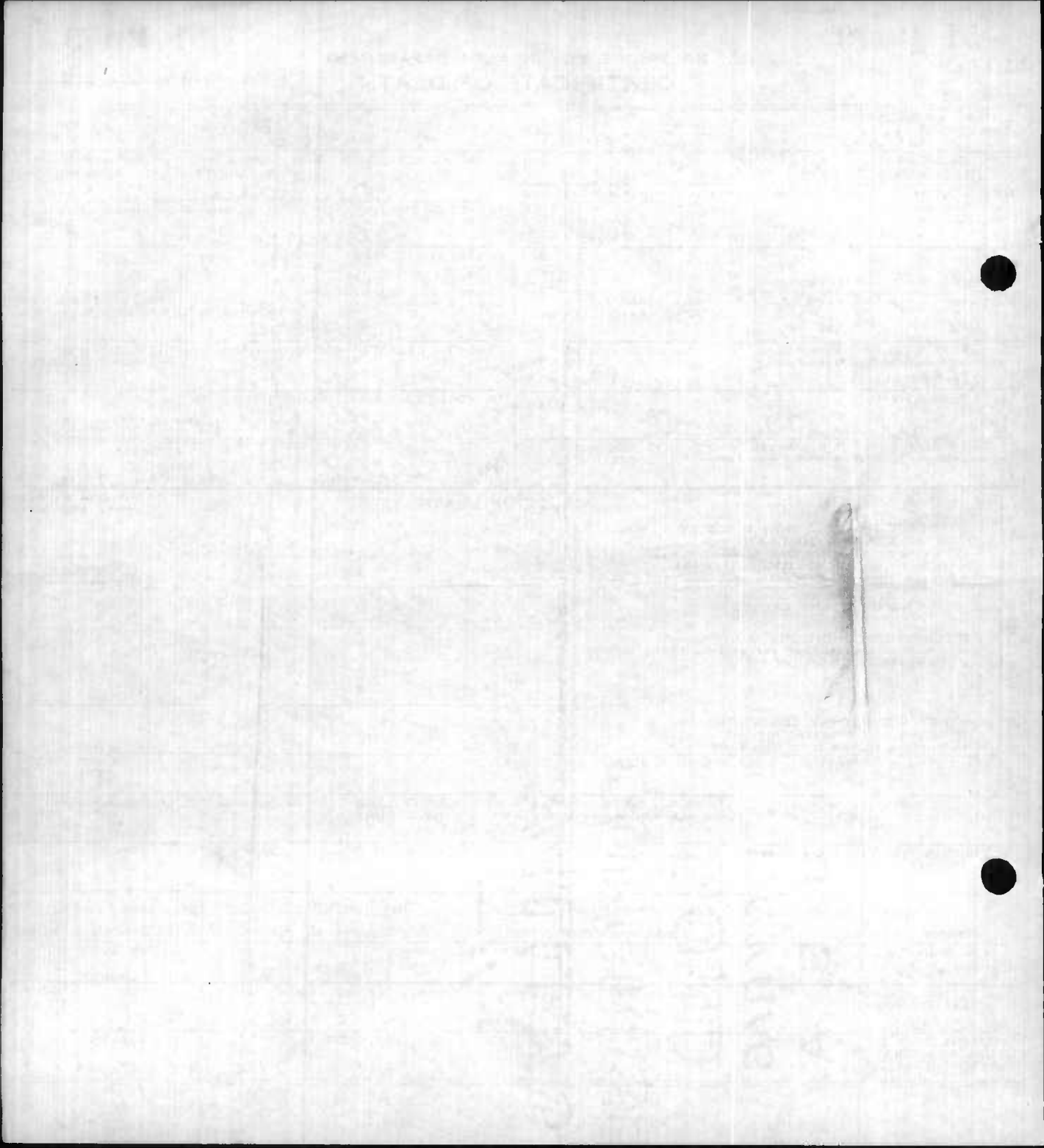
REGISTRAR'S SIGNATURE

*NOV 25 1951**Washington Williams*

25. FUNERAL DIRECTOR

ADDRESS

L. J. Luck 5305 Harford Rd



51 10180

CERTIFICATE COLLECTED 12/12/51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10180

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHRISTINE A. SCHENE

2. DATE
OF
DEATH

Nov. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md. Balto city

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Ches. Hosp.; Baltimore Md. Baltimore City 8-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3405 Elmwood Ave.

Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct. 10 - 1898

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

File Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Goetze

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry J. Schene

14. MOTHER'S MAIDEN NAME

Mary C. Martel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Herman Schene 3405 Elmwood Ave.

18. 192X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Brain Tumor

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 wks.

ANTECEDENT CAUSES

(B)

Papilloma, choroid plexus

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-23-51

19B. MAJOR FINDINGS OF OPERATION

Brain Tumor

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14 1951, to 11-23 1951, that I last saw the
deceased alive on 11-23, 1951, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John W. Bossard

M. D.

23B. ADDRESS

Ches. Hosp.

23C. DATE SIGNED

11-23-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-27-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Mayford Rd

VS 150

39040

54a

MEDICAL CERTIFICATION

THE AMERICAN UNIVERSITY
WASHINGTON, D. C. 20004
OFFICE OF THE DEAN
OF STUDENTS

Dear Mr. [Name]

cc [Name]
[Name]

I am sorry to hear that you are having trouble with your studies. I will try to help you in any way I can.

Please let me know if you need any more information or if you have any other questions.

Very truly yours,
[Signature]

[Name]
Dean of Students

Enclosed are some materials that may be helpful to you.

Thank you for your letter.

450
AB-153406
51 10181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10181
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elizabeth Mellin			2. DATE OF DEATH 11-23-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Catonsville (Baltimore County)		
D. STREET ADDRESS (If rural, give location) Catonsville Nursing Home-near Maiden Choice Lane Paradise Ave.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 12-1861	9. AGE (In years last birthday) 90	10. UNDER 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Michael Calahan(Callahan)			14. MOTHER'S MAIDEN NAME Mary Fitzpatrick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.			ADDRESS		

CAUSE OF DEATH

18. E904.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 26 days
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Intertrochanteric fracture-right hip	INTERVAL BETWEEN ONSET AND DEATH 30 days

19A. DATE OF OPERATION 10-26-1951		19B. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture-right hip		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Nursing Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Catonsville Nursing Home grounds			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 10-21-1951	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell on right hip-Slipped & fell to walk			
22. I hereby certify that I attended the deceased from 10-25- 1951 , to 11-23- 1951 , that I last saw the deceased alive on 11-23- 1951 , and that death occurred at 2:55 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE G. S. Rogers M. D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 11-23-1951	

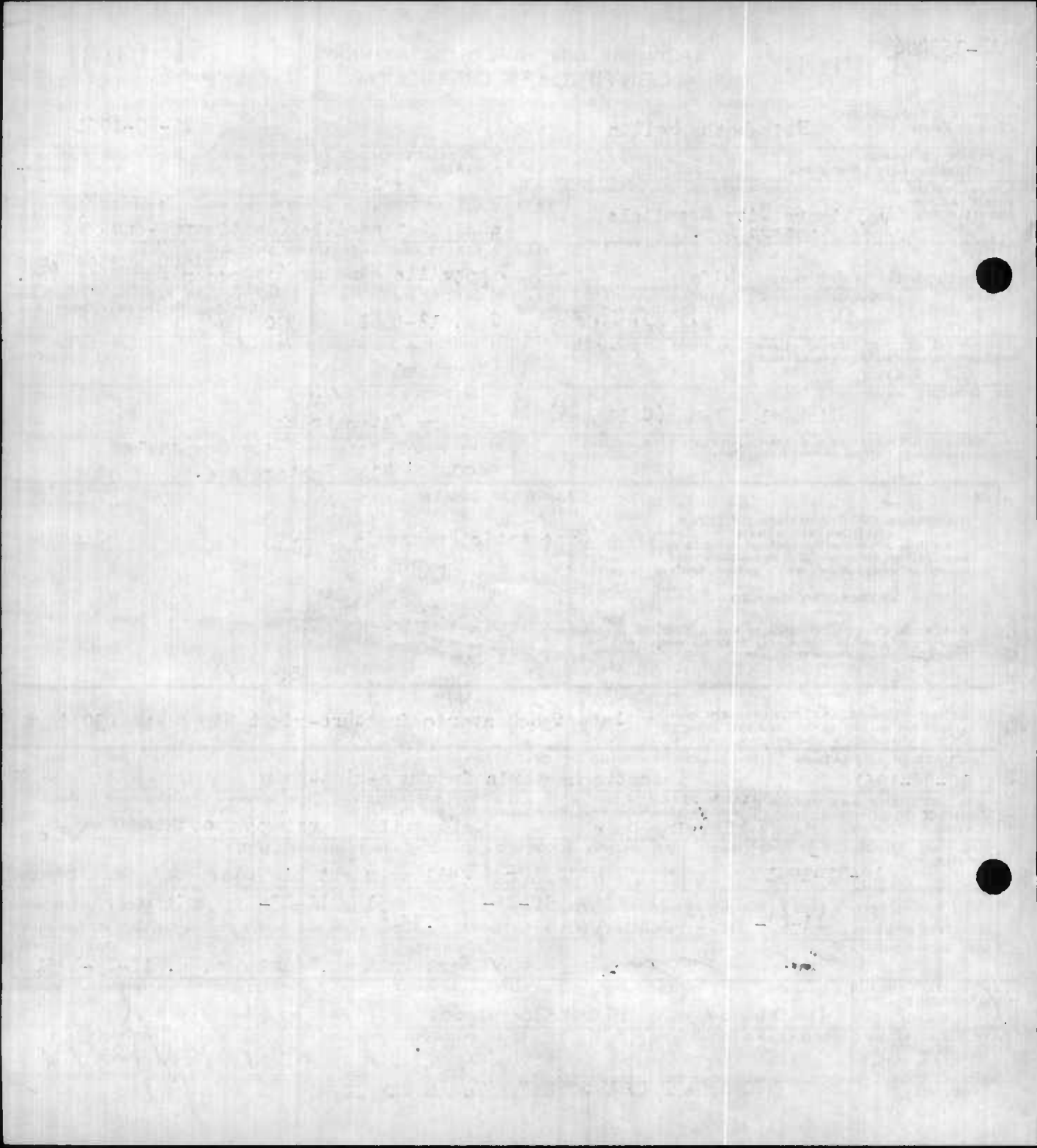
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-26-51	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 25 1951		REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR L. J. Ruck ADDRESS 5305 Harford Rd

VS 150

TO BE APPROVED BY THE MEDICAL EXAMINER

N820.0

186a



51 10182

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10182
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lena C. Guantmeyer

2. DATE
OF
DEATH

Nov. 22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1618 Homestead St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 26-1899

9. AGE (In years last birthday)

51

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR INDUSTRY

Clifton PK. 5410

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Seeger

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Louis E. Guantmeyer 5335 Kenwood Ave

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CAUSE OF DEATH

Cachexia and Metastasis

Carcinoma of Uterus

INTERVAL BETWEEN ONSET AND DEATH

14 days

5 yrs.

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 1951, to Nov 22, 1951, that I last saw the deceased alive on Nov 21, 1951, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Wisenberg

M. D.

23B. ADDRESS

2015 E North Ave

23C. DATE SIGNED

11-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26-51

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. H. Williams, Jr.

25. FUNERAL DIRECTOR

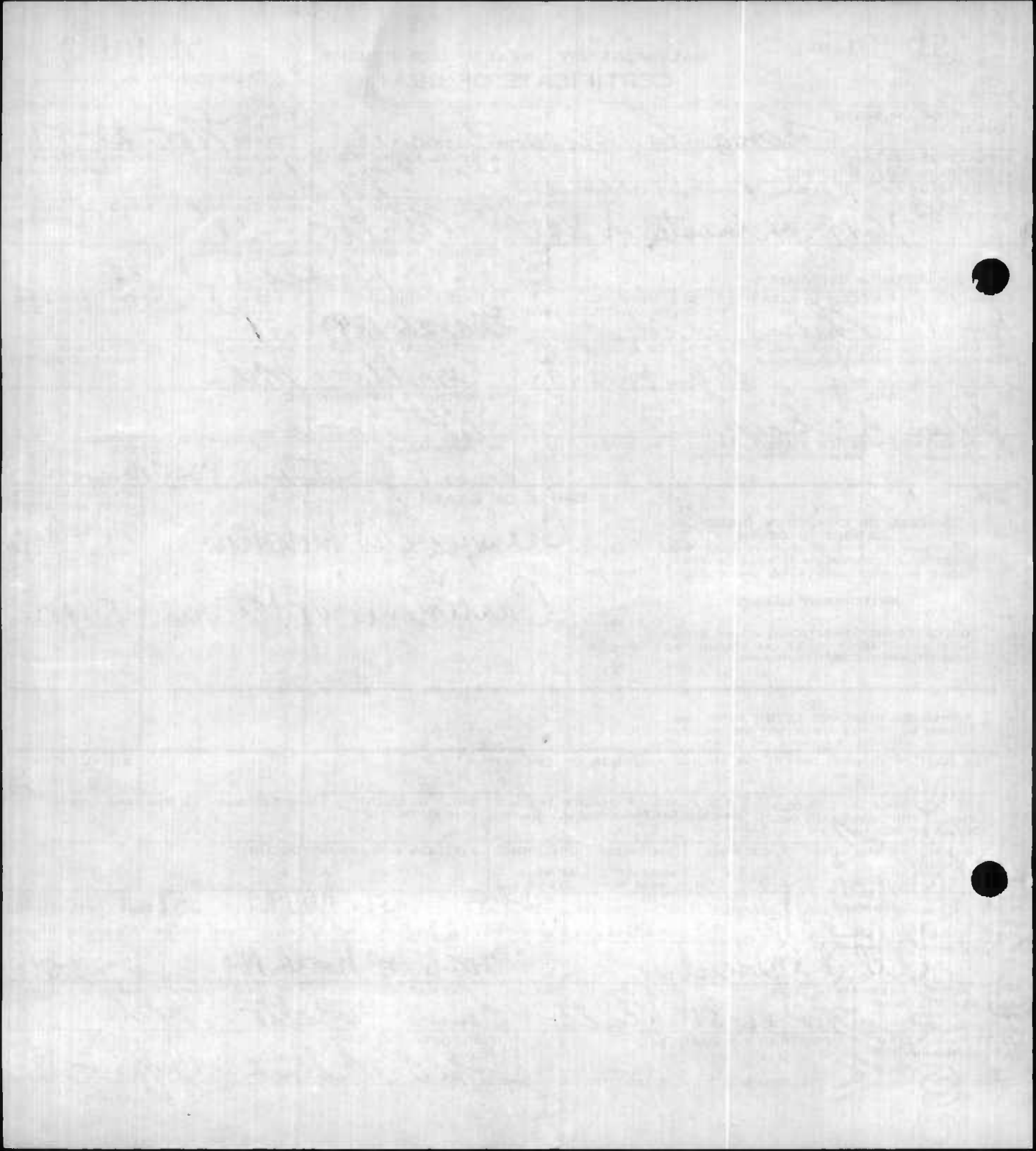
ADDRESS

John L. Miller 2324 Jefferson St.

VS 150

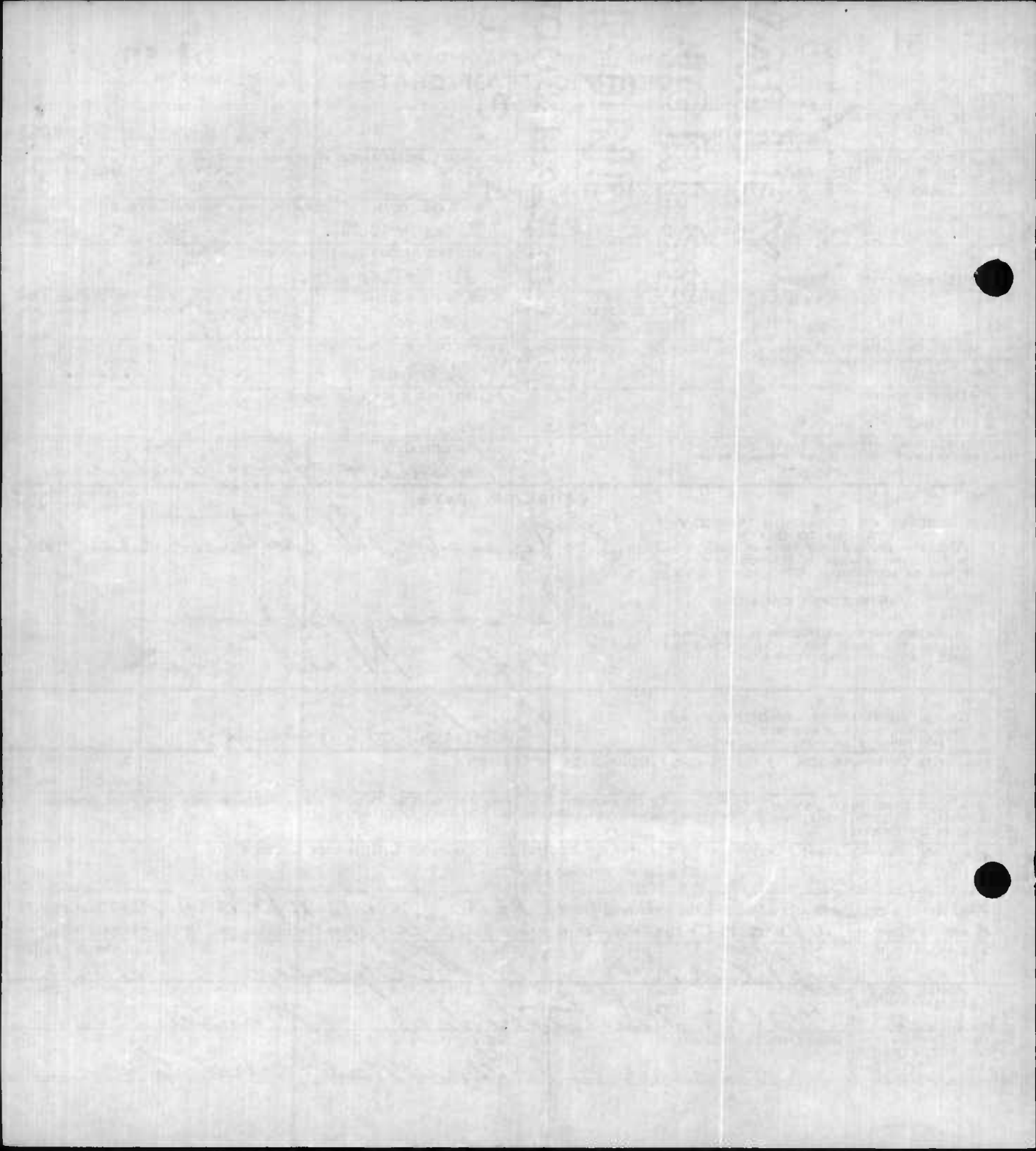
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120
51 10183BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10183
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Lawrence Hobbs			2. DATE OF DEATH November 24, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Balto.						
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital Caton & Wilkens Ave			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. Catonsville						
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 110 Mellor Ave. #28						
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 69 yrs.	9. AGE (In years last birthday) 5/27/82	If Under 1 Year Months: _____ Days: _____		If Under 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13. FATHER'S NAME Lawrence W. Hobbs			14. MOTHER'S MAIDEN NAME						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Lawrence W. Hobbs, Linthicum					
18. 420.11 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Intermittent Coronary Sclerosis DUE TO Left Heart Strain ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis		CAUSE OF DEATH (A) Generalized Intermittent Coronary Sclerosis DUE TO (B) Coronary Sclerosis DUE TO (C) Left Heart Strain		INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 11/3 , 1951, to 11/24 , 1951 that I last saw the deceased alive on 11/24 , 1951, and that death occurred at 8:00 am, from the causes and on the date stated above.									
23A. SIGNATURE W. E. Kealy			23B. ADDRESS M. D. H. Kealy			23C. DATE SIGNED 11/24/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/24/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Balto.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951		REGISTRAR'S SIGNATURE W. E. Kealy		25. FUNERAL DIRECTOR Mac Nabband Son		ADDRESS			



51 10184

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10184

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lula DE VED

2. DATE
OF
DEATH

11.24.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1534 Fernley Rd. #18

Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

w.

8. DATE OF BIRTH

Aug. 3, 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Martin

14. MOTHER'S MAIDEN NAME

Annie Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

293X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Acute cardiac failure

DUE TO

Interval between
onset and death

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

1 yr.

(C) Anemia

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11.15., 1951, to 11.24., 1951 that I last saw the
deceased alive on 11.24., 1951, and that death occurred at 3⁰⁰ m., from the causes and on the date stated above.

23A. SIGNATURE

Anthony C. Verrone M.D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

11.24.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1951

Harry J. Williams

Harry J. Williams 4204 Ridgemoor Ave

VS 150

73D

MEDICAL CERTIFICATION

1942 - 1943

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51 10185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10185

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA RADOVITCH

2. DATE
OF
DEATH

11-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Sq Hosp.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

18. 581.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Esophageal Hemorrhage

8 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Esophageal varices

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Circulation of liver
Hepatic Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-17, 1951, to 11-23, 1951, that I last saw the
deceased alive on 11-23, 1951, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (city, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE OF NEW YORK

DEATH CERTIFICATE

FILE NO.

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF MARRIAGE

NAME OF SPOUSE

DATE OF DEATH

51 10186

51 10186

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

523

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IRVIN DANIEL JOHNSTON, SR.		2. DATE OF DEATH 11-23-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO	
B. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) DUNDALK	
Length of stay in Baltimore co. 33 Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) 3030 DUNLEER Rd. 5300	
5. SEX M	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3/22/1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FOREMAN		10B. KIND OF BUSINESS OR INDUSTRY STEEL MFR.	9. AGE (In years last birthday) 53
13. FATHER'S NAME EDWARD JOHNSTON		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 216-10-2116	
11. BIRTHPLACE (State or foreign country) VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME EDWARD JOHNSTON		14. MOTHER'S MAIDEN NAME ELLA G. JOHNSTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. 216-10-2116	
17. INFORMANT VADA W. JOHNSTON (WIDOW)		ADDRESS SAME	

18. 328X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hemangioma, right upper lung lobe		?
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hemangioma, right upper lung lobe		?
19A. DATE OF OPERATION 11-19-51	19B. MAJOR FINDINGS OF OPERATION Hemangioma, right upper lung lobe	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., home or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-17**, 19**51**, to **11-23**, 19**51**, that I last saw the deceased alive on **11-22**, 19**51**, and that death occurred at **1 A. m.**, from the causes and on the date stated above.

23A. SIGNATURE C. D. Thomas, Jr.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 11-23-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 11/26/51	24C. NAME OF CEMETERY OR CREMATORY OAK LAWN	24D. LOCATION (City, town, or county) (State) BALTO. CO, MD.		
DATE RECEIVED BY LOCAL REGISTRAR 11-26-51		REGISTRAR'S SIGNATURE Walter B. Bradley		25. FUNERAL DIRECTOR Walter B. Bradley, Dundalk, Md.	

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/01 BY 60322 UCBAW

60
51 10187BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10187

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Taylor

2. DATE
OF
DEATH

11-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

Charles

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp.

C. CITY OR TOWN

La Plata

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

RFD # 225

5800

Length of stay in Baltimore

25

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1881

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

N.W.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Loch Brown

14. MOTHER'S MAIDEN NAME

Lizzie Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daughter

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Thrombosis left middle cerebral
DUE TO Art.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Ca of stomach & metastases
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-9-51

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA of stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-31-1951, to 11-25-1951, that I last saw the
deceased alive on 11-25-1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Chas. Watson

M. O.

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

11-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/27/51

24C. NAME OF CEMETERY OR CREMATORY

St Joseph

24D. LOCATION (City, town, or county)

Bomfret Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

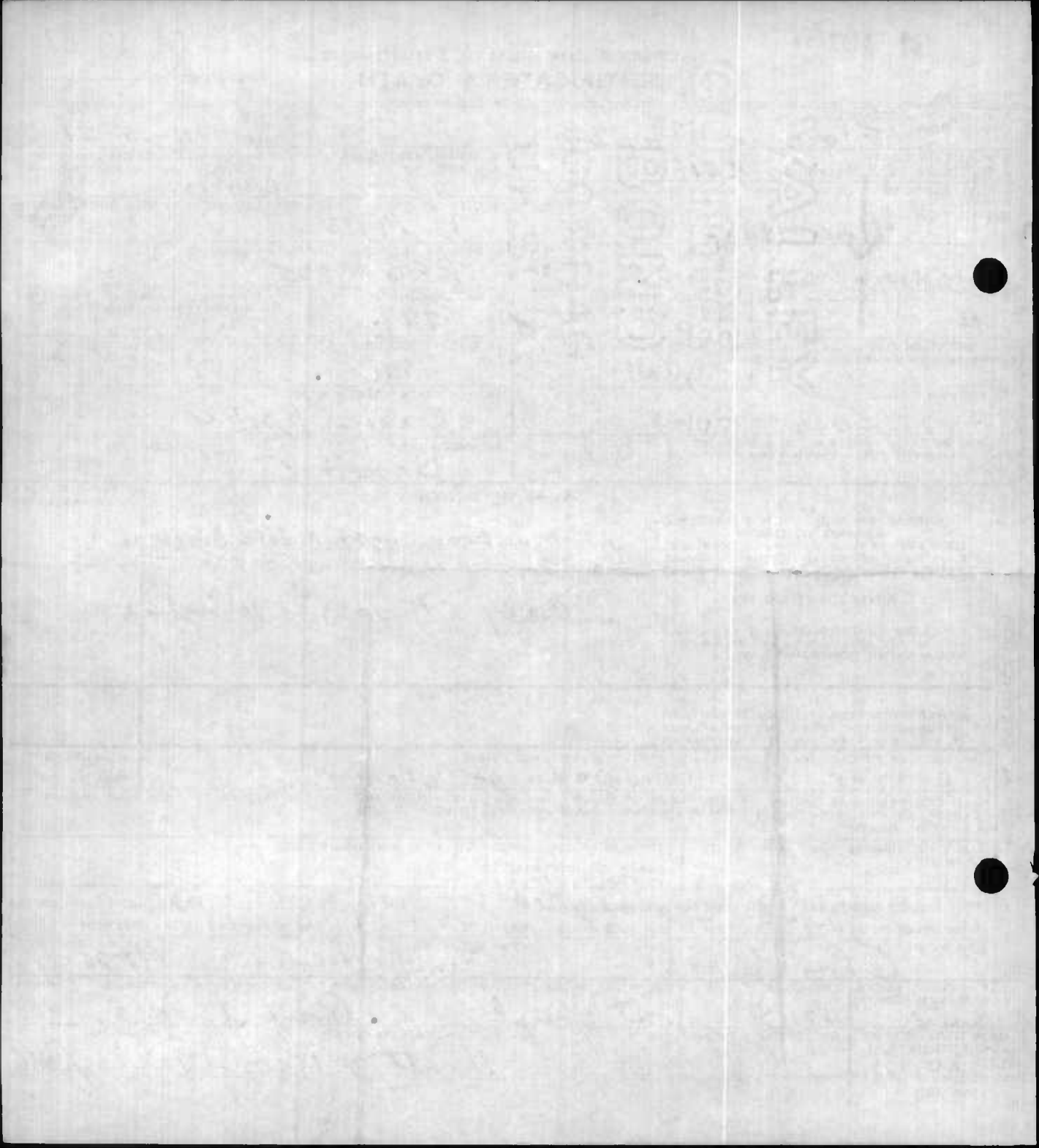
REGISTRAR'S SIGNATURE

NOV 26 1951

25. FUNERAL DIRECTOR

ADDRESS

Huntt & Byron Waldorf Md



51 10188
610BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10188
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Minnie J. Moore

2. DATE
OF
DEATH

Nov. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. STATE

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Colonial Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 28-31

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

6420 Reisterstown Road

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb 20

9. AGE (In years last birthday)

73

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Kirby Moore 6728 Brighton Ave

18.

443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

(B)

DUE TO

Hypertensive Cardiovascular

(C)

Heart disease

INTERVAL BETWEEN ONSET AND DEATH

Hour

gem

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 15, 1951, to Nov 23, 1951, that I last saw the deceased alive on Nov. 16, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

23A. SIGNATURE

William L. Deary

M. D.

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

11-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Nov 26/51

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William L. Deary

25. FUNERAL DIRECTOR

Loring Byers 5805 Mt. Hope

ADDRESS



60

51 10189

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10189

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis WEAVER

2. DATE
OF
DEATH

Nov. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 20-03

D. STREET ADDRESS (If rural, give location)

319 S. Payson St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

319 S. Payson St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Sept. 27, 1876

9. AGE (In years
last birthday)

75

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FOREMAN

10B. KIND OF BUSINESS OR
INDUSTRY

Balto. City Water Dept.

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF

WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

August WEAVER

14. MOTHER'S MAIDEN NAME

Elizabeth RULLEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Marie Stocker 2009 Wilhelm St.

18.

450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Congestive Heart Failure 3 months

ANTECEDENT CAUSES

(B) DUE TO

Generalized Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Aug 26, 1951 to Nov 25, 1951, that I last saw the
deceased alive on Nov 25, 1951 and that death occurred at 1:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred Cole

23B. ADDRESS

136 S. Hilton St.

23C. DATE SIGNED

Nov 25, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-28-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 26 1951

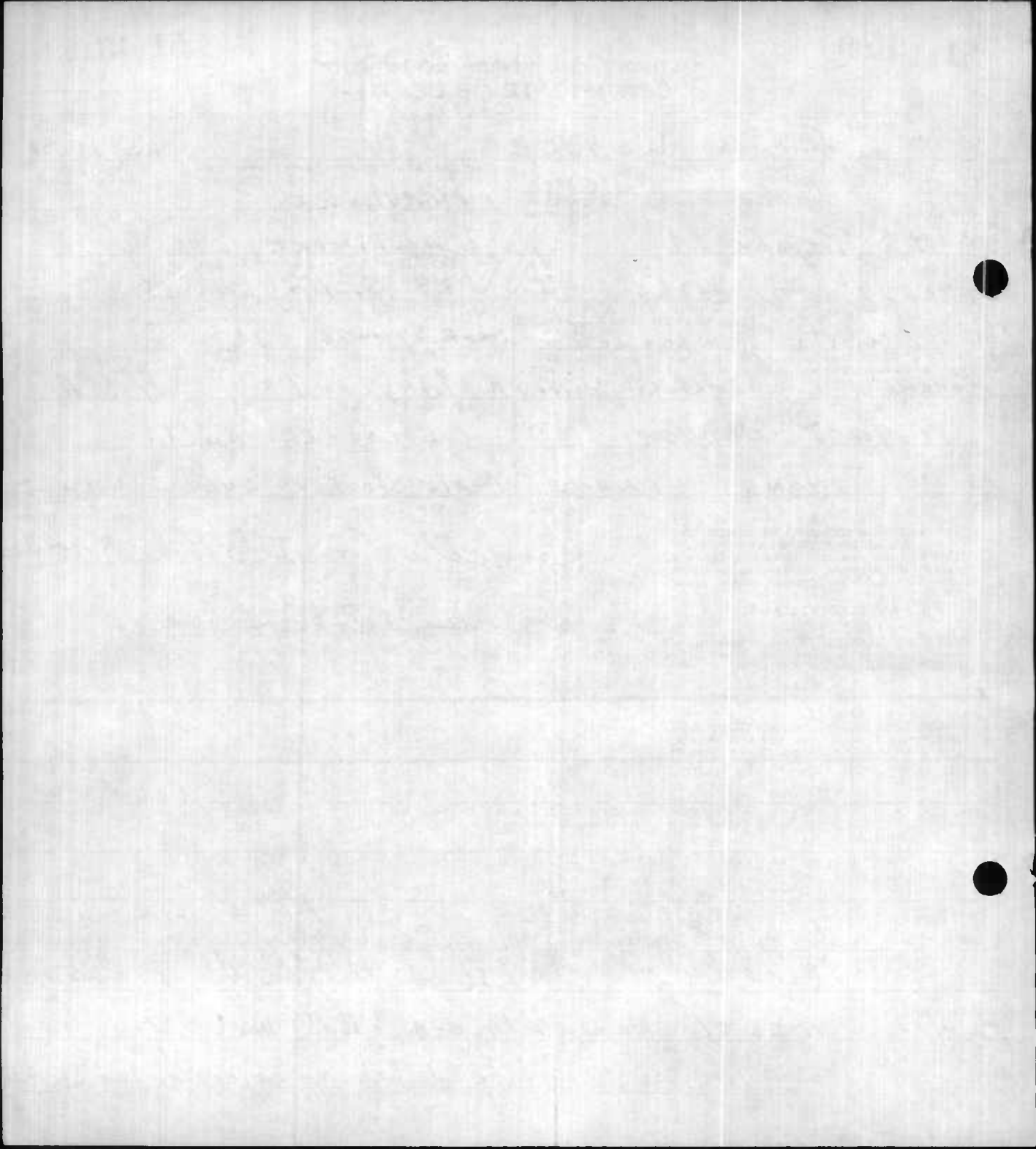
REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

Geo. L. Schwab 2101 Frederick Ave

ADDRESS



5 51 10190
AB-153750BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10190

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Garner Vincent

2. DATE
OF
DEATH

11-22-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1606 Vincent Ct. zone 17

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 22, 1911

9. AGE (In years last birthday)

40

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

WAITER

10B. KIND OF BUSINESS OR INDUSTRY

CATERER

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Maski Vincent

14. MOTHER'S MAIDEN NAME

Virginia Cole

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Post Operative Hematoma

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Pulmonary edema

DUE TO

1 day

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-21-1951

19B. MAJOR FINDINGS OF OPERATION

Meningioma

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7-1951, to 11-22-1951, that I last saw the deceased alive on 11-22-1951, and that death occurred at 7.10P m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave., Baltimore, Md.

23C. DATE SIGNED

11-24-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-26-51

24C. NAME OF CEMETERY OR CREMATORY

Arlington Memorial Park

24D. LOCATION (City, town, or county)

Balto.

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

NOV 26 1951

REGISTRAR'S SIGNATURE

Arlington Williams, Jr.

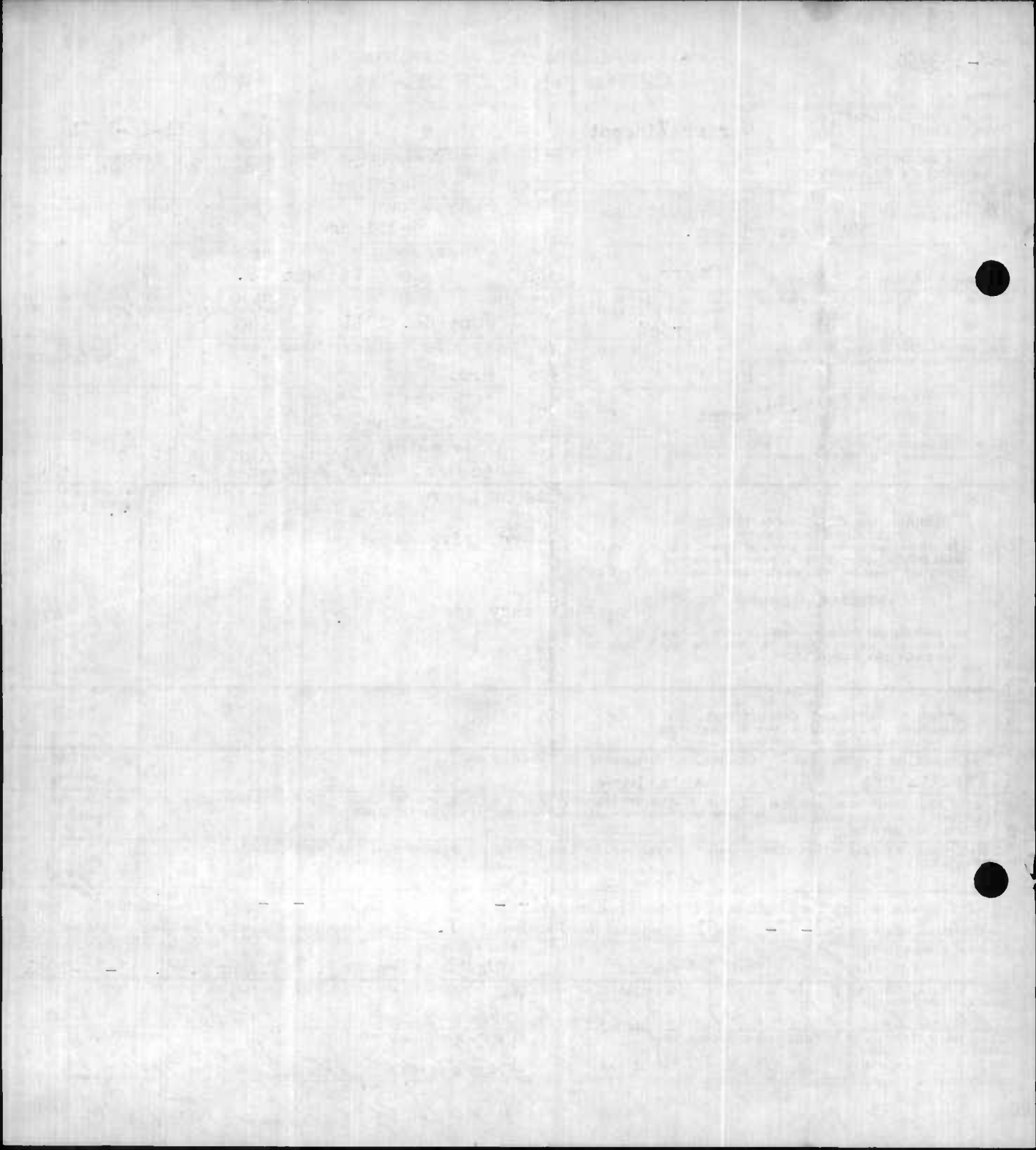
25. FUNERAL DIRECTOR

Samuel W. Sullivan, Jr.

ADDRESS

VS 150

7846M 10114. Arlington Ave 567

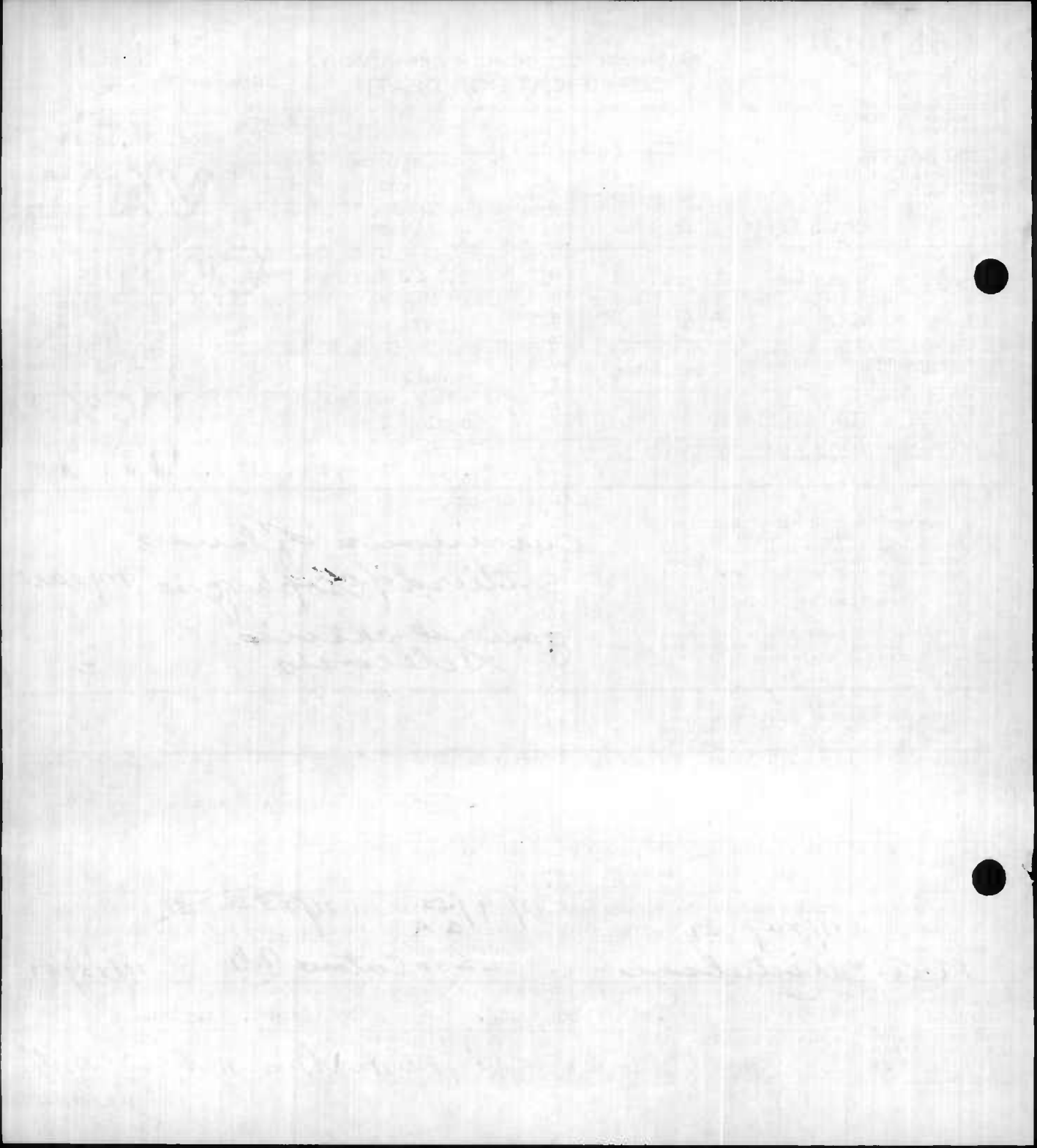


51 10191
620BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10191
Registered No.

BIRTH NO.			2. DATE OF DEATH Nov. 25, 1951		
1. NAME OF DECEASED (Type or Print) ANNA SEARS			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 117 S. Exeter Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			D. STREET ADDRESS (If rural, give location) 117 S. Exeter Street		
Length of stay in Baltimore 60 yrs.			5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		
13. FATHER'S NAME AARON LOUIS EINBINDER			11. BIRTHPLACE (State or foreign country) Russia		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
12. CITIZEN OF WHAT COUNTRY? USA			14. MOTHER'S MAIDEN NAME Noami ?		
17. INFORMANT Mrs. Ida Zimmerman, 117 S. Exeter Street			ADDRESS		

18. 150X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Carcinoma of lower third of Esophagus		1 year	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) General arterio Sclerosis		?	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/9/50, 1950, to 11/25-1951, that I last saw the deceased alive on 11/24/1951, and that death occurred at 3 A. m., from the causes and on the date stated above.					
23A. SIGNATURE M. G. Michelson		23B. ADDRESS 2230 Eutaw Pl.		23C. DATE SIGNED 11/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/26/51		24C. NAME OF CEMETERY OR CREMATORY Beth Jacob Cong.	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Sol. Levinson + Bros		24F. ADDRESS -1124-26 W. North Avenue	
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951		REGISTRAR'S SIGNATURE [Signature]		25. ADDRESS	



255
51 10192BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10192
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAX SUSSMAN		2. DATE OF DEATH 11-25-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 27-17	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Levendale		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) Levendale		E. LENGTH OF STAY IN BALTIMORE 43 Yrs. 43 Mos. 43 Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 67
9. AGE (In years last birthday) 67		If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY ?	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Elva		14. MOTHER'S MAIDEN NAME China	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Abraham Susman 3004 Garrison Ave		ADDRESS 3004 Garrison Ave	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage CAUSE OF DEATH (A) Cerebral hemorrhage DUE TO (B) arteriosclerosis DUE TO (C) arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 4 hours years			
19. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-31 , 19 51 , to 11-25 , 19 51 , that I last saw the deceased alive on 11-25 , 19 51 , and that death occurred at 9:20 a. m., from the causes and on the date stated above.			
23A. SIGNATURE Henry Nagel M. D.		23B. ADDRESS Levendale Home	
23C. DATE SIGNED 11-25-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Levendale		24B. DATE 11-26-51	
24C. NAME OF CEMETERY OR CREMATORY United Hebrew		24D. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951		REGISTRAR'S SIGNATURE William Williams	
25. FUNERAL DIRECTOR Jack Lewis Inc		ADDRESS 2100 Euston Pl	

MEDICAL CERTIFICATION

U. S. A.

CHICAGO

1911

CONFERENCE

WILLIAM

123
26 51 10193

51 10193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

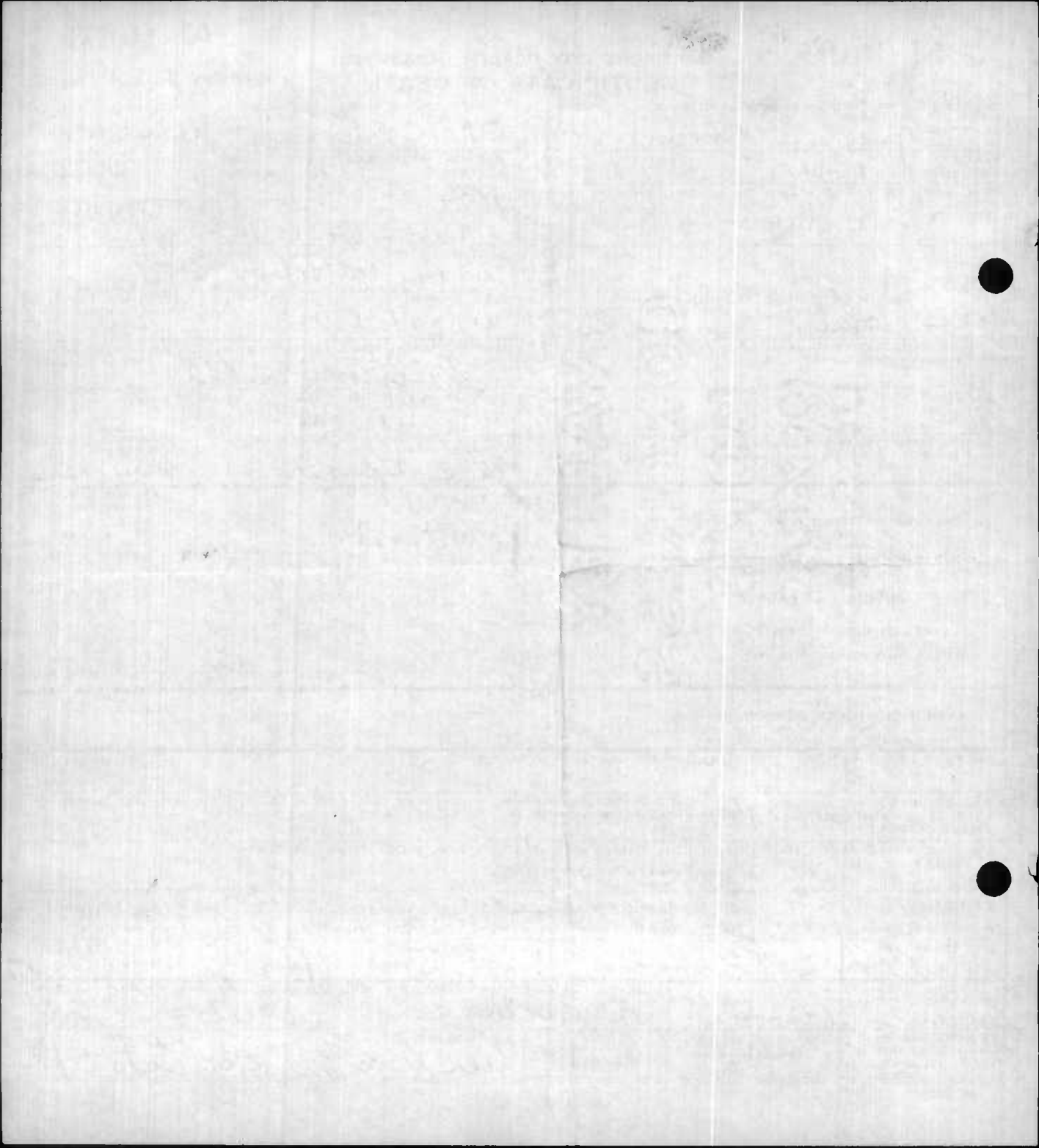
BIRTH NO. 51-27581

1. NAME OF DECEASED (Type or Print) Baby boy Offshitzer (OFFICER)			2. DATE OF DEATH 11/25/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sina. Hosp of Balto.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15 15-13		
D. STREET ADDRESS (If rural, give location) 4514 Reisterstown Rd					
5. SEX Male			8. DATE OF BIRTH 11/25/51		
6. COLOR OR RACE White			9. AGE (In years last birthday) _____		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			10. AGE (In years last birthday) _____		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTH PLACE (State or foreign country) Baltimore Md		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? 2 35		
13. FATHER'S NAME Moe officer			14. MOTHER'S MAIDEN NAME Belle Block		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT Moe officer -			ADDRESS same		

18. 776X I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) prematurity		2 hrs 35 min	
DUE TO					
ANTECEDENT CAUSES		(B) _____			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/25 , 19 51 , to 11/25 , 19 51 ; that I last saw the deceased alive on 11/25 , 19 51 , and that death occurred at 6:30 am. , from the causes and on the date stated above.					
23A. SIGNATURE B. Gurn Gluchman M. D.		23B. ADDRESS Sina Hosp		23C. DATE SIGNED 11/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-26-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951		REGISTRAR'S SIGNATURE Wm. Williams		25. FUNERAL DIRECTOR Geek Revere Inc ADDRESS 2100 Eutan Rd	

MEDICAL CERTIFICATION



51 10194

51 10194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAISY COOPER

2. DATE
OF
DEATH

November 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Josephs Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1305 E. Biddle Street

Length of stay in Baltimore 40 Yrs.

Yrs.
Mos.
Days

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

Female

Col.

Widow

Sept. 19, 1892

59

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unkown

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. E. D. Meade 1413 N. Central Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive and arteriosclerotic

~~Myocardial~~ heart disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
11/23/51

M.D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/26/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1951

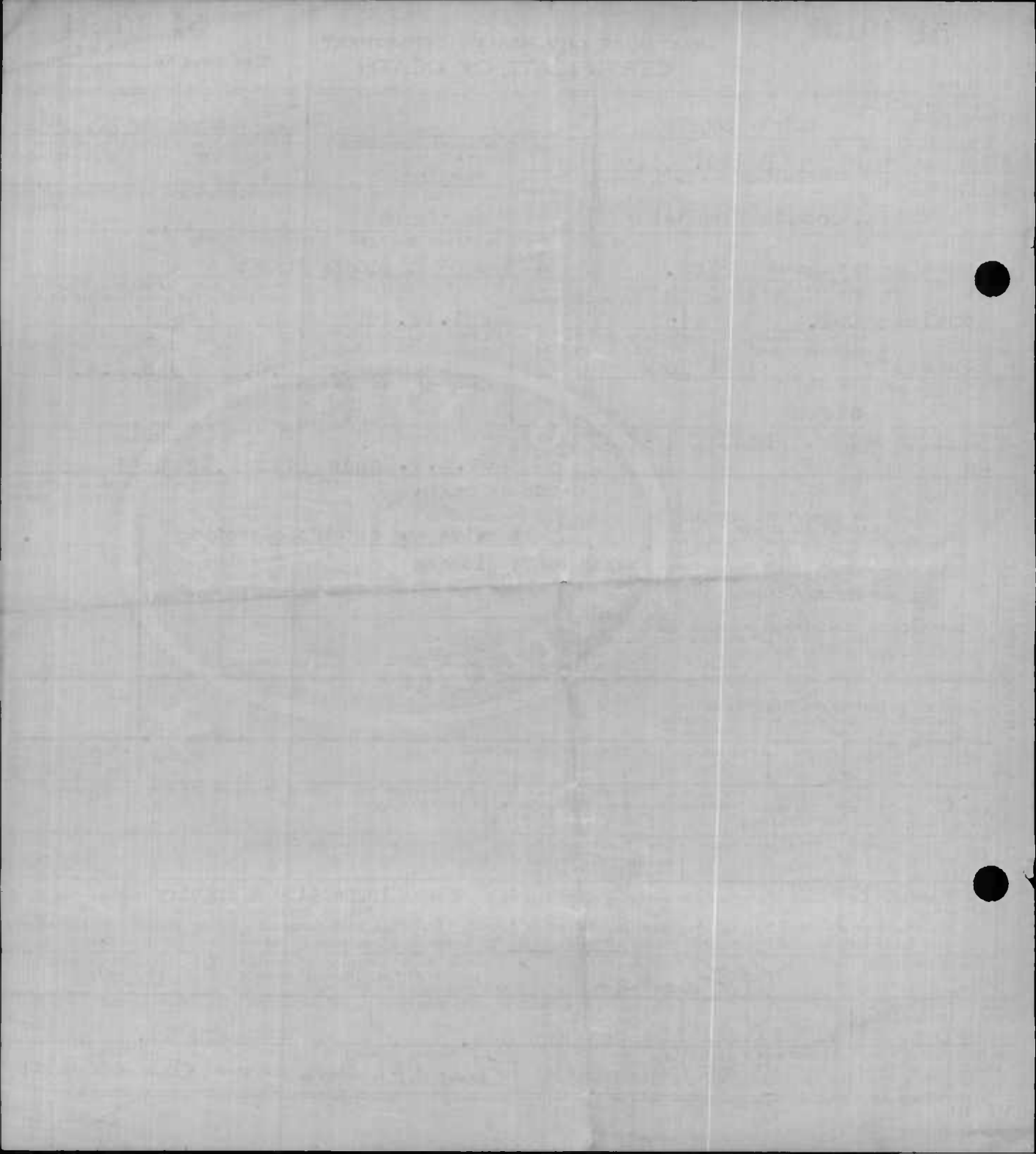
E. J. Williams, Jr.

Elroy O. Wilson 1000 Beatty av

VS 151

937 ✓

MEDICAL CERTIFICATION



616
AB-153801 51 10195BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10195
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rachel (Rachael) Barber		2. DATE OF DEATH 11-21-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-0	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2533 Salem St.	
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 19-1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		ADDRESS	

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebrovascular Accident (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Essential Hypertension (B) DUE TO (C)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 36hrs. ? ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cellulitus of both legs		

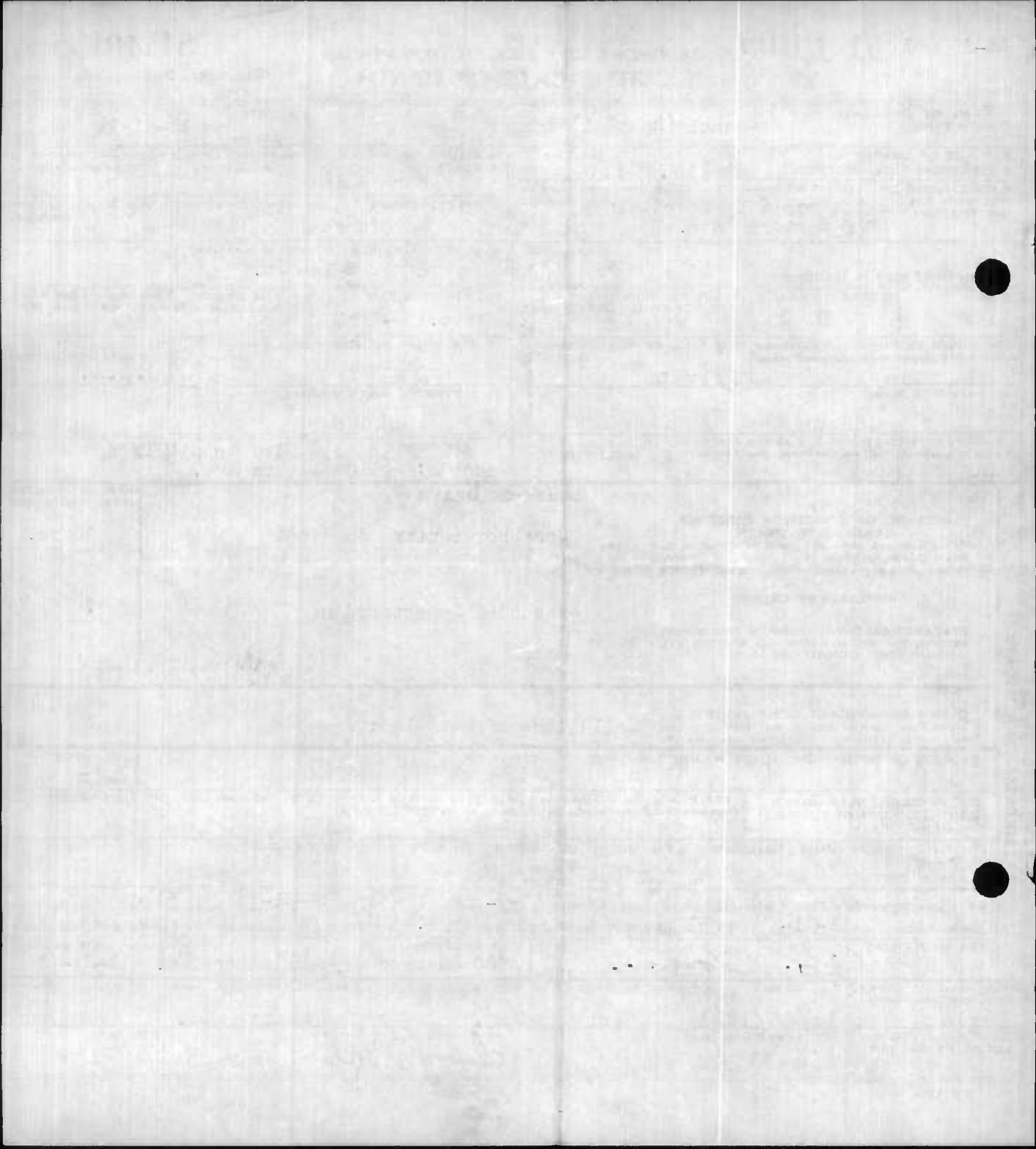
19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-9-1951, to 11-21-1951, that I last saw the deceased alive on 11-21-1951, and that death occurred at 4:45 AM, from the causes and on the date stated above.				
23A. SIGNATURE J.S. Rogers M.D.		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 11-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/26/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Arburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951	REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR Eloy O. Wilson 1000 Brantly ave

VS 150

720 FA

83a



530 51 10196

51 10196

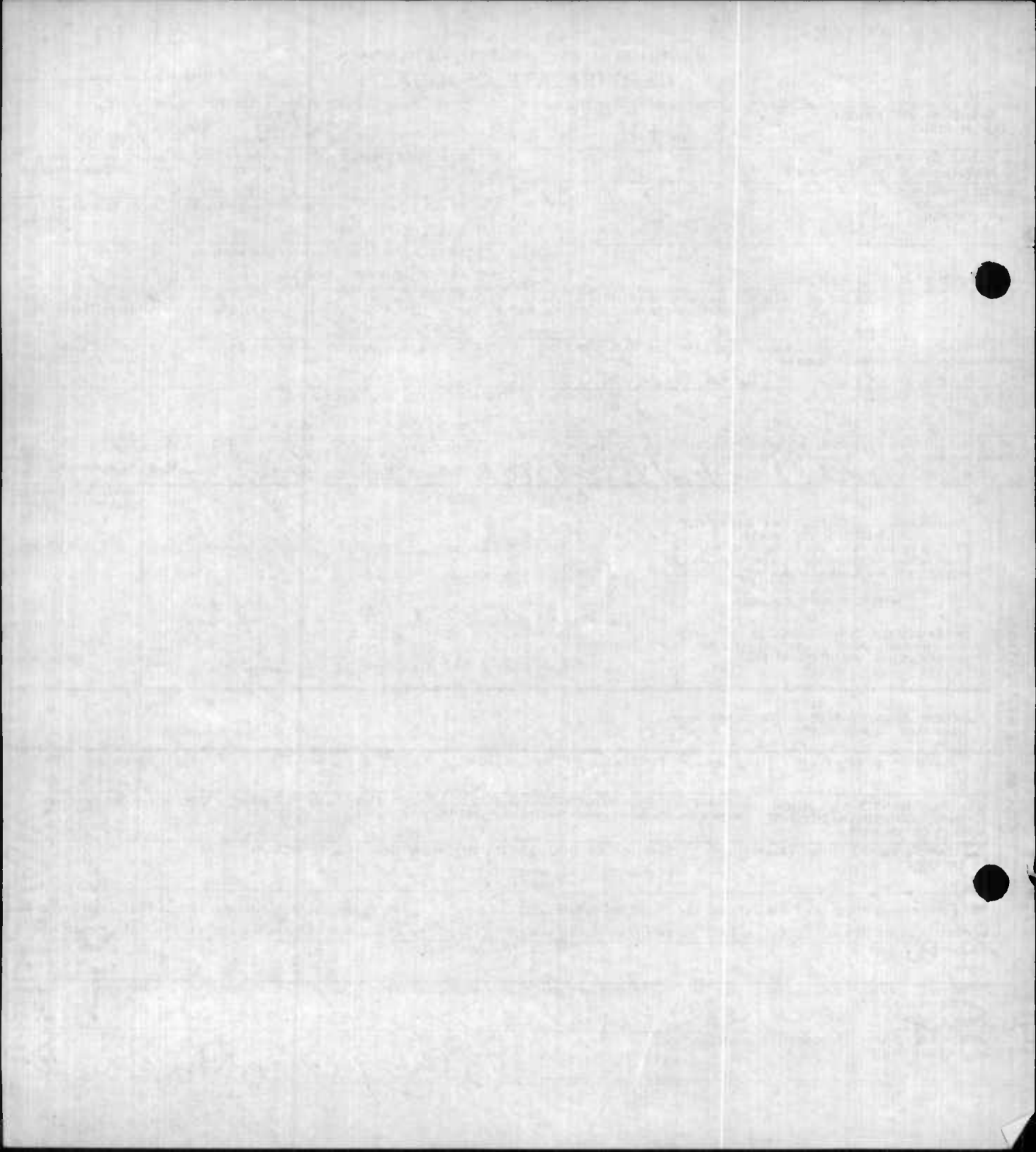
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Earl Smith		2. DATE OF DEATH Nov. 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Fredrick	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Thurmont	
D. STREET ADDRESS (If rural, give location) W. Main Street 6000			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, (MARRIED) WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1895
9. AGE (in years last birthday) 56		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Ice mfg.	
11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis Smith		14. MOTHER'S MAIDEN NAME Amelia Kay	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-12-8080	
17. INFORMANT Marjellen Smith Thurmont		ADDRESS Thurmont	
18. 200.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Lymphoma (ret. cell sarcoma.)	
DUE TO		(B) metastatic CA to lung, abdomen, liver, & spleen	
DUE TO		(C) acquired hemolytic anemia	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 8, 1951 , to Nov. 23, 1951 , that I last saw the deceased alive on Nov. 23, 1951 and that death occurred at 10:15 pm. , from the causes and on the date stated above.			
23A. SIGNATURE R. K. Skipton		23B. ADDRESS Univ. Hosp.	
23C. DATE SIGNED 11-23-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 27-51	
24C. NAME OF CEMETERY OR CREMATORY Blue Ridge Cern		24D. LOCATION (City, town, or county) (State) Thurmont Md	
25. FUNERAL DIRECTOR W. C. Cressy		ADDRESS Thurmont Md	

MEDICAL CERTIFICATION



460 51 10197

51 10197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSS W. KELLER		2. DATE OF DEATH Nov. 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3500 Buena Vista Avenue		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 30, 1891	9. AGE (In years last birthday) 60 If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate		10B. KIND OF BUSINESS OR INDUSTRY Own business	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY	
13. FATHER'S NAME Henry V. Keller		14. MOTHER'S MAIDEN NAME Sarah Runk	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mrs. Ida M. Keller-3500 Buena Vista Ave.		ADDRESS	

18. **E970.2**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Bromide and phenobarbital intoxication**

DUE TO

(C)

!!
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3500 Buena Vista Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

(about) **11-14-51**

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Self ingestion of sodium bromide & phenobarbital22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Dunsicker

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11-24-5124A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

11/27/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1951

VS 151

N-971.0

47074

163 B Balto Md

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

John F. Stinson
1888

K-300 51 10198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10198

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWARD S. KIDD			2. DATE OF DEATH Nov. 23, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1726 Byrd St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1726 Byrd St.			2404		
5. SEX Male			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Jan. 29, 1894		
9. AGE (In years last birthday) 57			10. Under 1 Year Months: Days		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Harry Kidd			14. MOTHER'S MAIDEN NAME Margaret Zimmerman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 215-07-7747		
17. INFORMANT Mrs. Eleanor E. Kidd-1726 Byrd St.			ADDRESS		

18. 441X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) DUE TO Cardiac Decompensation		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO Malignant Hypertension		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO Atherosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1949 to Nov 23, 1951, that I last saw the deceased alive on Nov 23, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Dennis J. McGrath M. D.		23B. ADDRESS 1 E. RANDALL ST.		23C. DATE SIGNED 11/24/51	

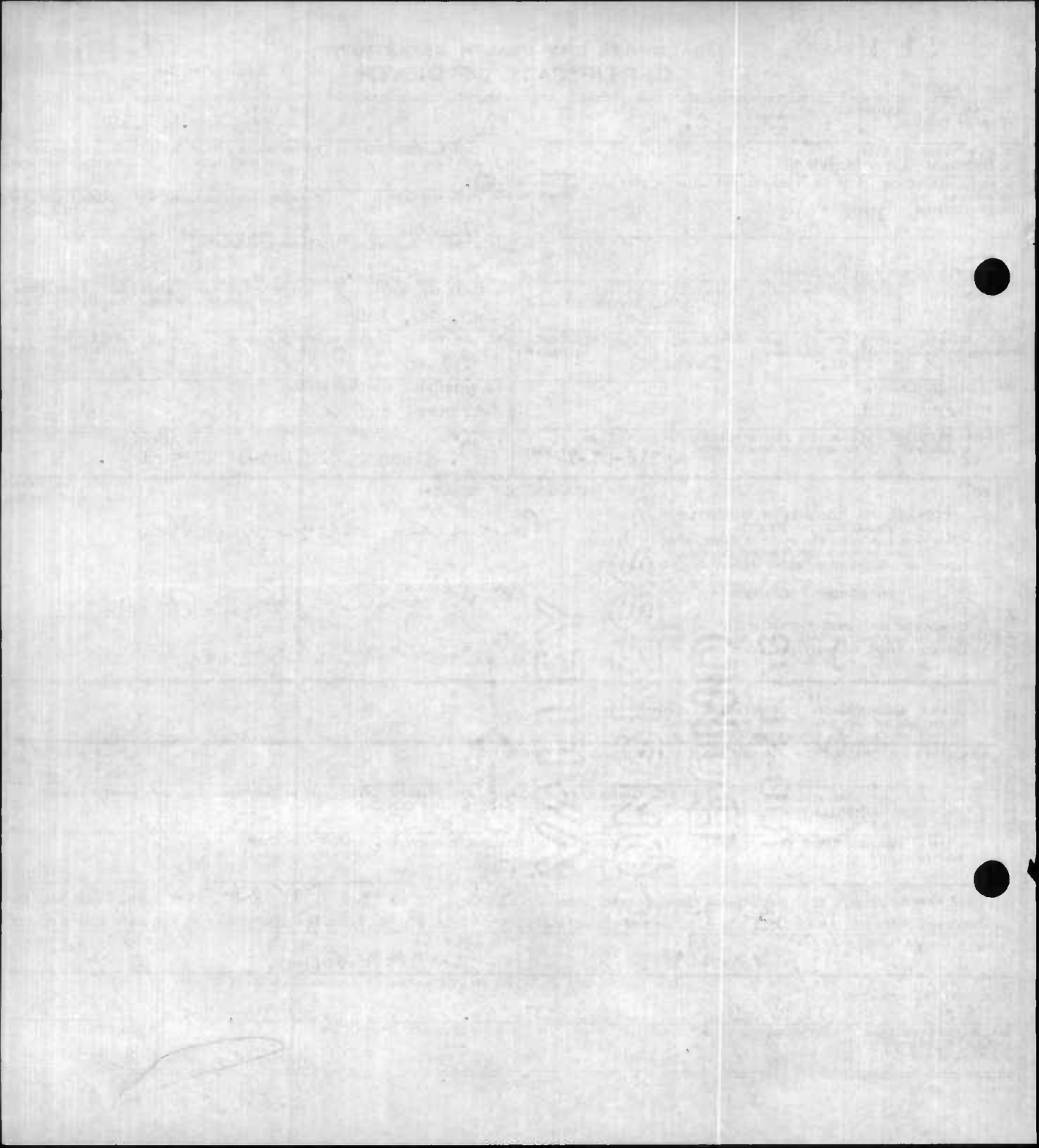
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/27/51		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951		REGISTRAR'S SIGNATURE H. Williams		25. FUNERAL DIRECTOR J. Fickner & Sons		ADDRESS	

VS 150

513 4R

Bldg 17, Md 95C

MEDICAL CERTIFICATION



200 51 10199

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10199
Registered No.

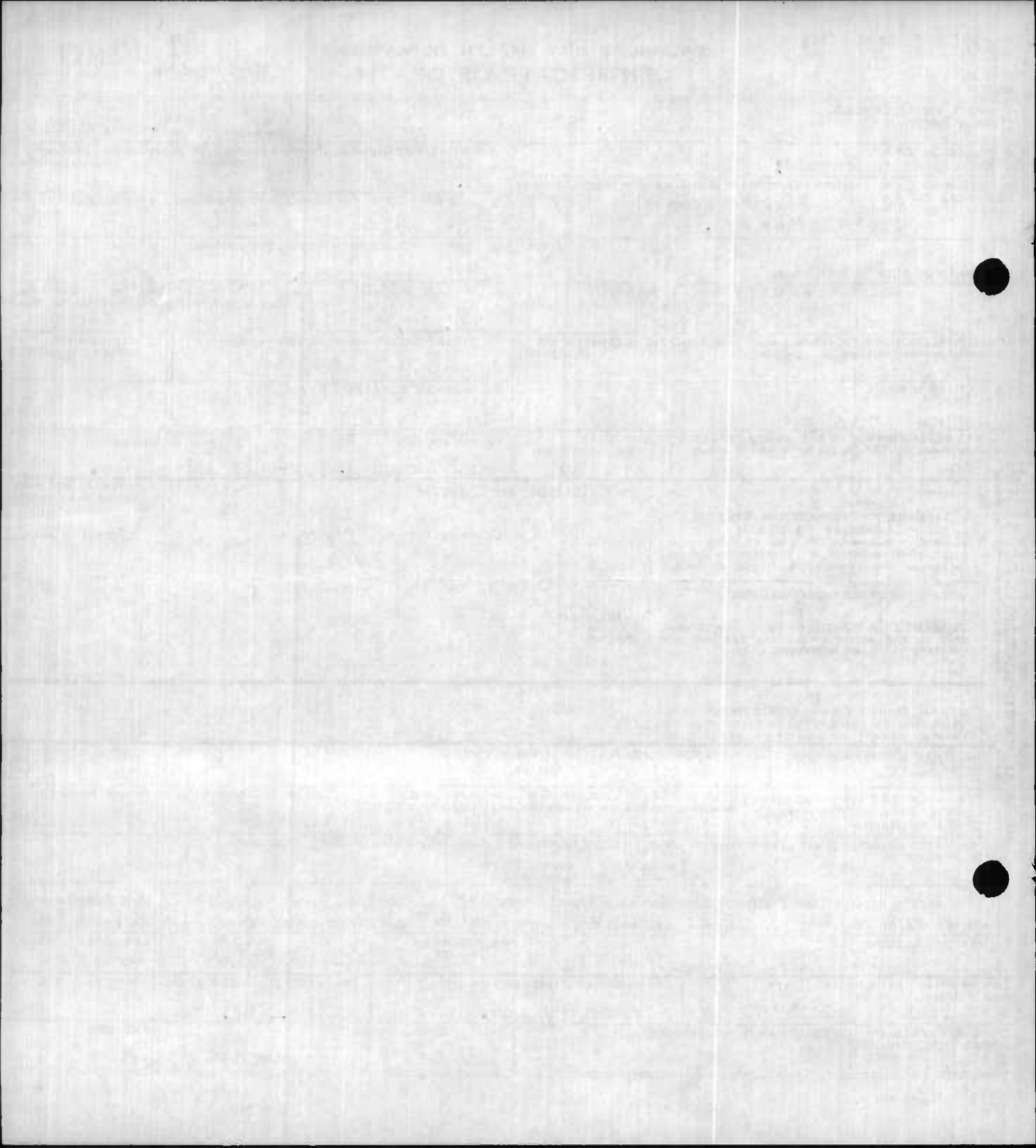
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ELIZABETH A. NASH		2. DATE OF DEATH Nov. 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clifton Nursing Home 3502 Clifton Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 2015 Edgewood St.		15-06			
5. SEX female		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Oct. 10, 1870		9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? Maryland			
13. FATHER'S NAME Joshua Scott Dew		14. MOTHER'S MAIDEN NAME Lucretia Hall			
15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Mr. Gordon H. Dew-4822 Roland Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 175X I Carcinoma of ovary		INTERVAL BETWEEN ONSET AND DEATH about 9 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 30, 1939, to Nov. 23, 1951, that I last saw the deceased alive on Nov. 19, 1951, and that death occurred at 10 ⁰⁰ p.m., from the causes and on the date stated above.					
23A. SIGNATURE John Tilden Howard		23B. ADDRESS 12 East Eager Street, Balt ^o		23C. DATE SIGNED Nov. 24, 51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/27/51		24C. NAME OF CEMETERY OR CREMATORY Greenmount Cem.		24D. LOCATION (City, town, or county) (State) Balt ^o , Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951		REGISTRAR'S SIGNATURE Matthew J. Williams		25. FUNERAL DIRECTOR Wm. J. Dickner & Sons		ADDRESS Balt ^o , Md.	



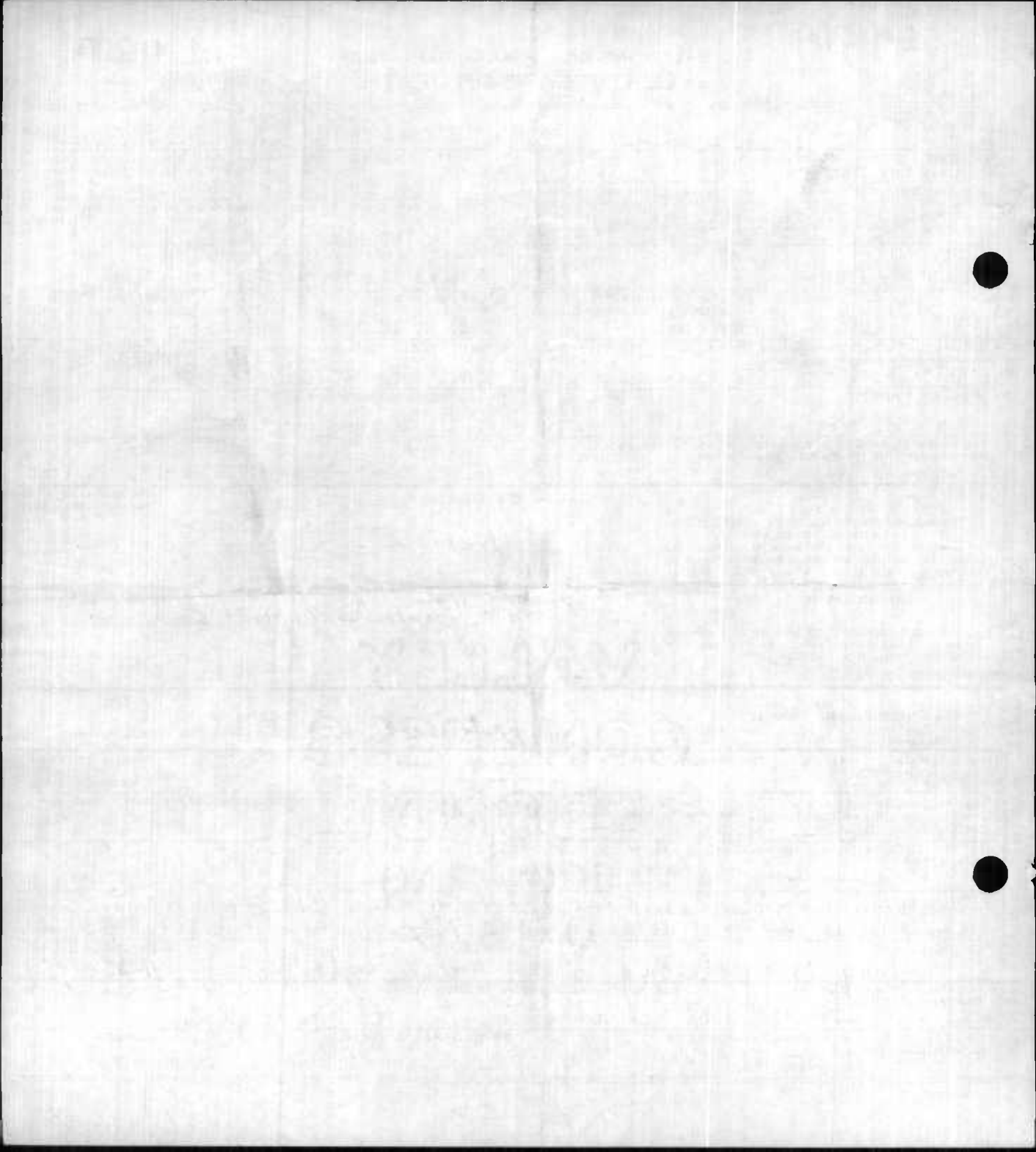
500 51 10200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10200
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Edward L. Meehan		Nov. 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION So th Baltimore General Hospi		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 7050 Belclaire Road 5300			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 1, 1885	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Machinist		10B. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Edward L. Meehan		14. MOTHER'S MAIDEN NAME Williola Fore		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Elizabeth Meehan 7050 Belclaire Road	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 592X I		CAUSE OF DEATH (A) Uremia DUE TO (B) Chronic Glomerular nephritis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Hypertensive C. V. D			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-4 - 1951, to 11-24, 1951, that I last saw the deceased alive on 11-24, 1951, and that death occurred at 7:03 pm, from the causes and on the date stated above.					
23A. SIGNATURE Yung-tsing Wong		23B. ADDRESS 1213 Light St		23C. DATE SIGNED 11-25-1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 27, 1951		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) Parkville, Md.		25. FUNERAL DIRECTOR Ullrich Funeral Home		ADDRESS 2112 Dundalk Ave.	

54430

131B



K-300 51 10201

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10201

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)~~ANSON R. KEITH~~

ANSON R. KEITH

2. DATE
OF
DEATH

November 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

26 N. Linwood Avenue

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

26 N. Linwood Avenue

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 1, 1903

9. AGE (In years
last birthday)

47

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Receptionist

10B. KIND OF BUSINESS OR
INDUSTRY

Sinai Hospital

11. BIRTHPLACE (State or foreign country)

Nicklesville, Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Noah Keith

14. MOTHER'S MAIDEN NAME

Melvina Rena

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jennie Keith 26 N. Linwood Ave.

18. 47001

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Heart Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11/23/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Nov. 26, 1951

24C. NAME OF CEMETERY OR CREMATORY

Meadow Branch

24D. LOCATION (City, town, or county)

Westminister, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.

VS 151

390 8T

937

21



562 51 10202

AB-153950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10202

Registered No.

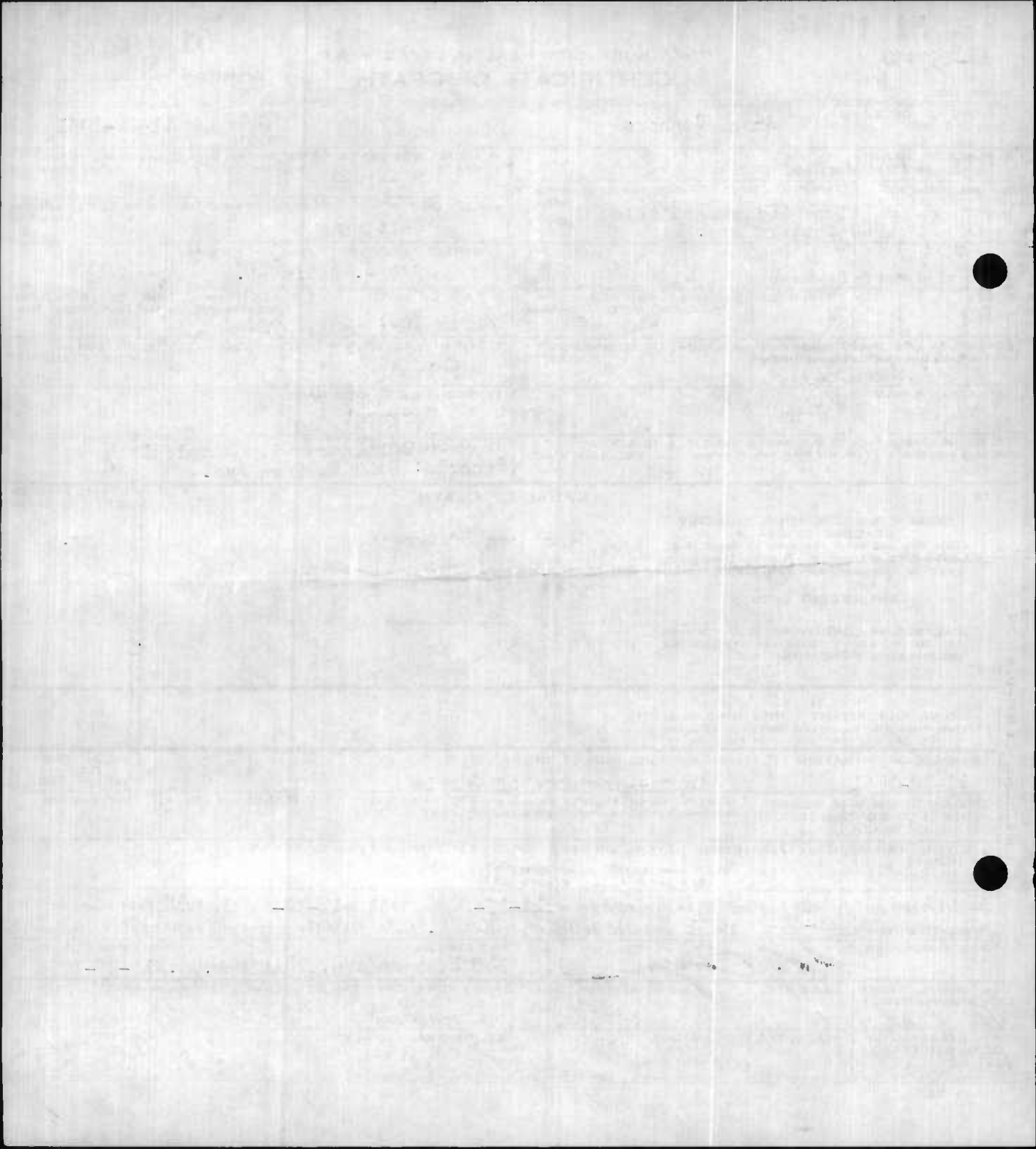
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anna Connors		2. DATE OF DEATH 11-24-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore Life Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) 724 S. Wolfe St. 2-03	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 10-?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 72? If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John		14. MOTHER'S MAIDEN NAME Margaret	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals		ADDRESS Records: 4940 Eastern Ave.	

18. 171X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Cervix (A) QUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 1yr.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(B) QUE TO	
III DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) QUE TO	

19A. DATE OF OPERATION 11-20-1951	19B. MAJOR FINDINGS OF OPERATION Biopsy-Carcinoma of Cervix	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-15- , 1951, to 11-24- , 1951, that I last saw the deceased alive on 11-24- , 1951, and that death occurred at 4:30 Pm. , from the causes and on the date stated above.		
23A. SIGNATURE P. S. O'Keefe M. O.	23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	23C. DATE SIGNED 11-25-1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-27-51	24C. NAME OF CEMETERY OR CREMATORY First United Evangelical	24D. LOCATION (City, town, or county) (State) Balto - Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR [Signature]	ADDRESS 403 S. Wolfe St.



45551 10203

51 10203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATHERINE GLENMOND (Glamond)

2. DATE
OF
DEATH

November 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

Maryland

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2519 Fleet Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2519 Fleet Street

Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

18. 443 X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Mutiple sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
11/23/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-26-51

Oak Lawn

Baltimore - Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

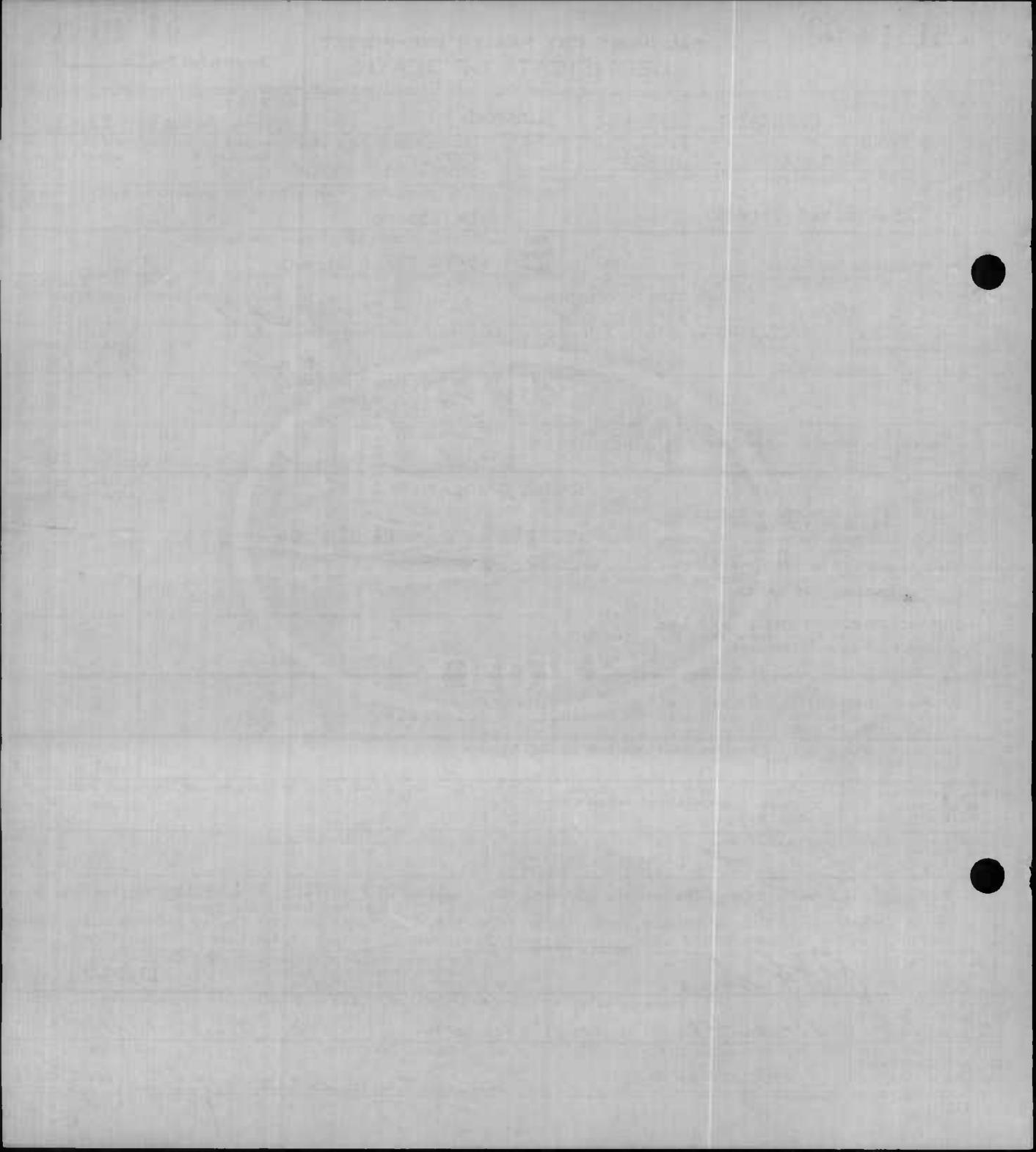
25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1951

Walter J. Williams

Lilly + Ziebrock 403 S. Wolfe St



243 51 10204

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 10204
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HARRY Burke HAUSHOLDER		2. DATE OF DEATH Nov. 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 45 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1434 Henry Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 2, 1906
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10B. KIND OF BUSINESS OR INDUSTRY Ship Building	9. AGE (In years last birthday) 45
13. FATHER'S NAME William Householder		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 212-09-2025		14. MOTHER'S MAIDEN NAME Emma S. Hands	
17. INFORMANT Mrs. MacSeward		ADDRESS 4019 Belle Grove Rd	

18. 570.21 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Generalized peritonitis DUE TO thrombosis of mesenteric artery		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CERTIFICATION APPROVED BY Stanley H. Durelacher M.D. CHIEF OR ASST. MEDICAL EXAMINER.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

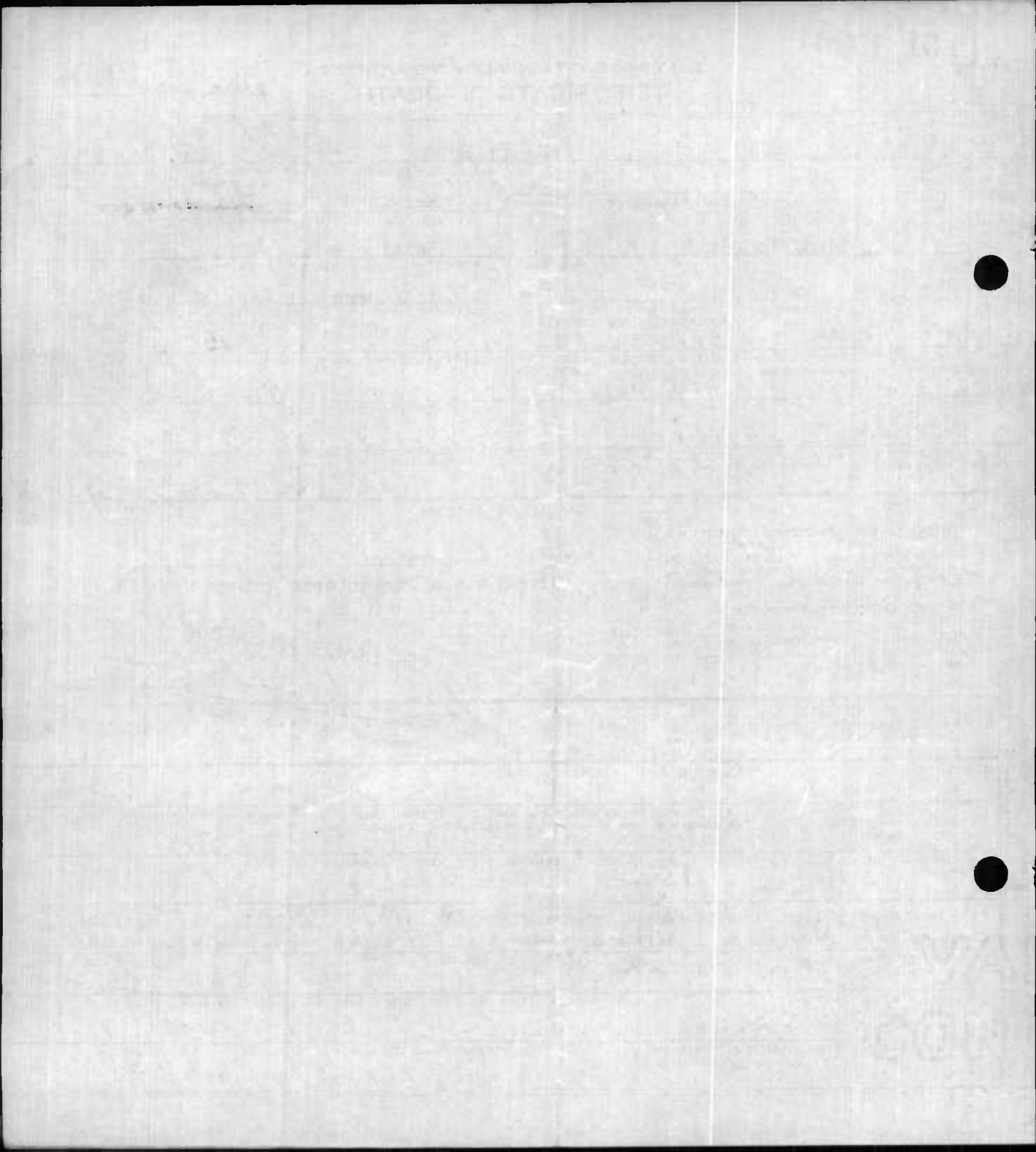
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Nov 22 , 19 51 , to Nov 24 , 19 51 , that I last saw the deceased alive on Nov 24 , 19 51 , and that death occurred at 2A m., from the causes and on the date stated above.				
23A. SIGNATURE Leon E. Kassel, M.D.		23B. ADDRESS		23C. DATE SIGNED 11-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/26/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951	REGISTRAR'S SIGNATURE Stanley H. Durelacher	25. FUNERAL DIRECTOR Gonce & Lyons	
		ADDRESS 4001 Ritchie Hwy.	

54430

129

MEDICAL CERTIFICATION



230 51 10205

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10205

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leonard a. Hecht

2. DATE
OF
DEATH

Nov 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Baltimore City

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION

TEMPLE GARDEN APT,

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Temple Garden Apt

13-01

D. STREET ADDRESS (If rural, give location)

Madison & Cleveland Rd.

Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widoweder

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Furniture

13. FATHER'S NAME

Jacob Hecht

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

8. DATE OF BIRTH

Jan 2, 1873

9. AGE (in years
last birthday)

78

If Under 1 Year
Months Days Hours Min.

9 21

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Amelia Rosewald

17. INFORMANT

ADDRESS

Joseph F. Hecht-Temple Garden apt

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Coronary Sclerosis

5 yrs

General Arterio-Sclerosis

10 yrs

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Nov 21, 1951, to Nov 23, 1951, that I last saw the
deceased alive on Nov 23, 1951, and that death occurred at 11 P.M., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

See Enclave

23C. DATE SIGNED

11/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Nov. 26, 1951

Baltimore Hebrew

Belair Rd.

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

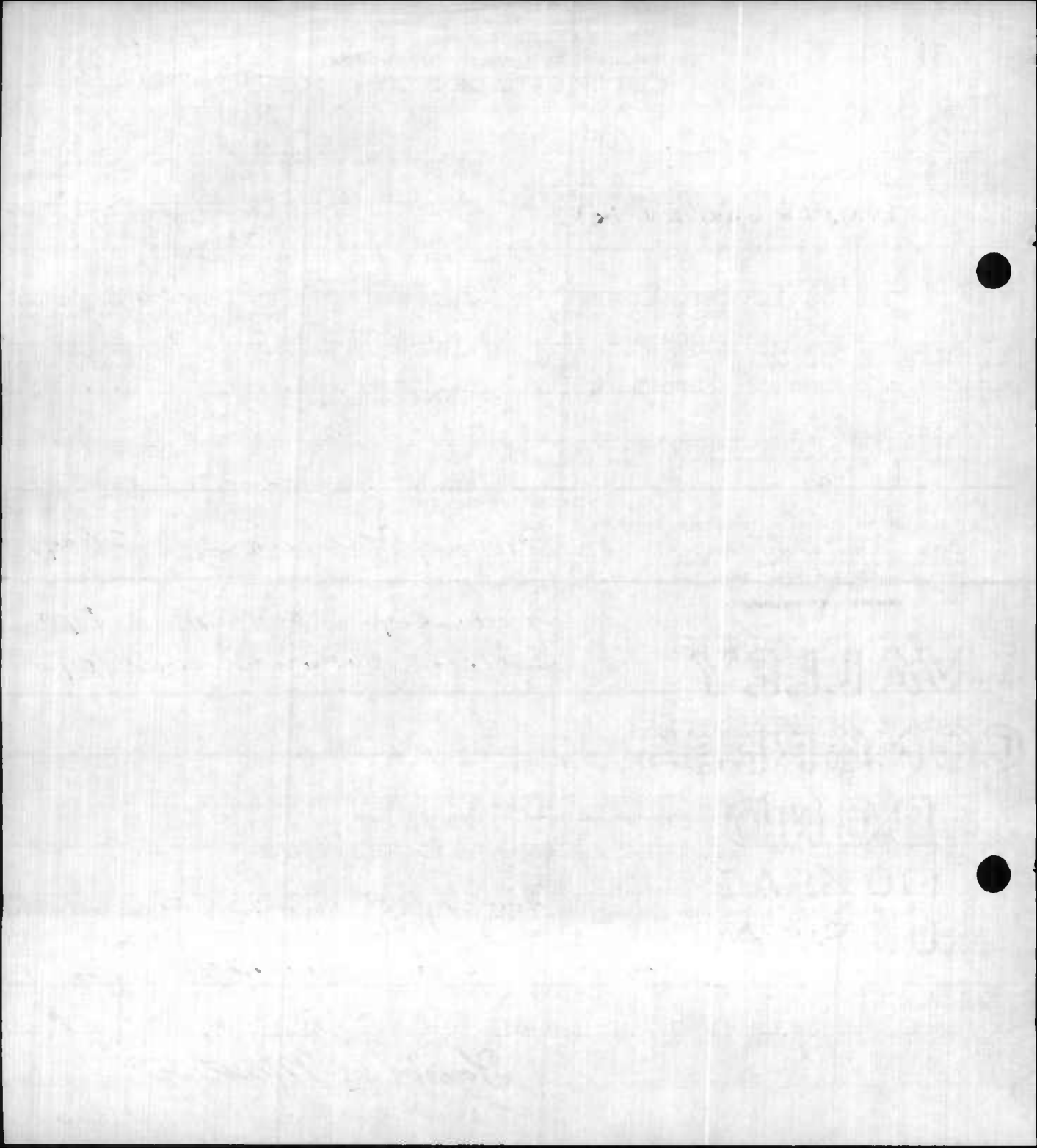
ADDRESS

NOV 26 1951

[Signature]

DAVID SONDHEIM & SON
1902 Eutaw Pl.

94a



500 51 10206

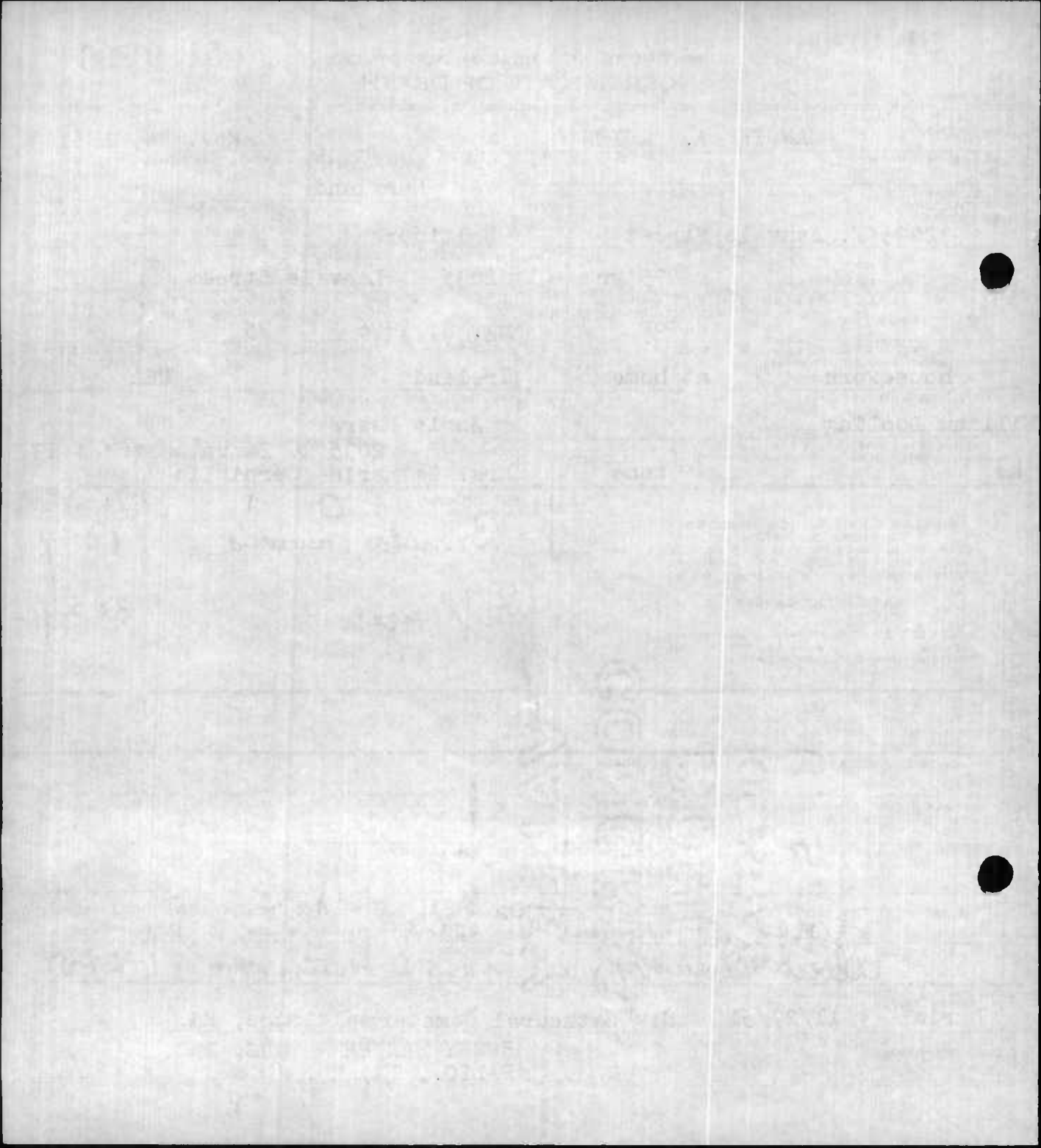
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10206
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ANNIE A. QUINN		2. DATE OF DEATH Nov. 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2035 E. Lanvale Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore 75 yrs		D. STREET ADDRESS (If rural, give location) 2035 E. Lanvale Street 8-06			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Aug. 8, 1876	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Ireland	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Dooling		14. MOTHER'S MAIDEN NAME Annie Mears	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT 2035 E. Lanvale Street 13 Mrs. Catherine Cerniglia	

18. 480x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Broncho Pneumonia CAUSE OF DEATH Influenza		INTERVAL BETWEEN ONSET AND DEATH 1 day 30 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNOER-LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 21, 1951 , to Nov. 24, 1951 , that I last saw the deceased alive on Nov. 20, 1951 , and that death occurred at 230 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE Albert Eisenberg		23B. ADDRESS 2025 E North Ave		23C. DATE SIGNED 11-24-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/27/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery, Baltimore, Md.		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951		REGISTRAR'S SIGNATURE William Dooling		FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	



524
51 10207BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10207
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA A. W. ANGELE

2. DATE
OF
DEATH

Nov. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

104 S. Bouldin Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreC. Length of stay in Baltimore Life Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

104 S. Bouldin Street 26-0

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widow

8. DATE OF BIRTH

June 25, 1886

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

Gustav A. Wirth

14. MOTHER'S MAIDEN NAME

Mary Redeman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.17. INFORMANT 5321 Wesley Avenue
Mr. David Wirth1B. 420.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) CORONARY OCCLUSION 20 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) ARTERIOSCLEROTIC HEART DISEASE 10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAR 5, 1946, to NOV. 24, 1951, that I last saw the
deceased alive on NOV. 24, 1951, and that death occurred at 10:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

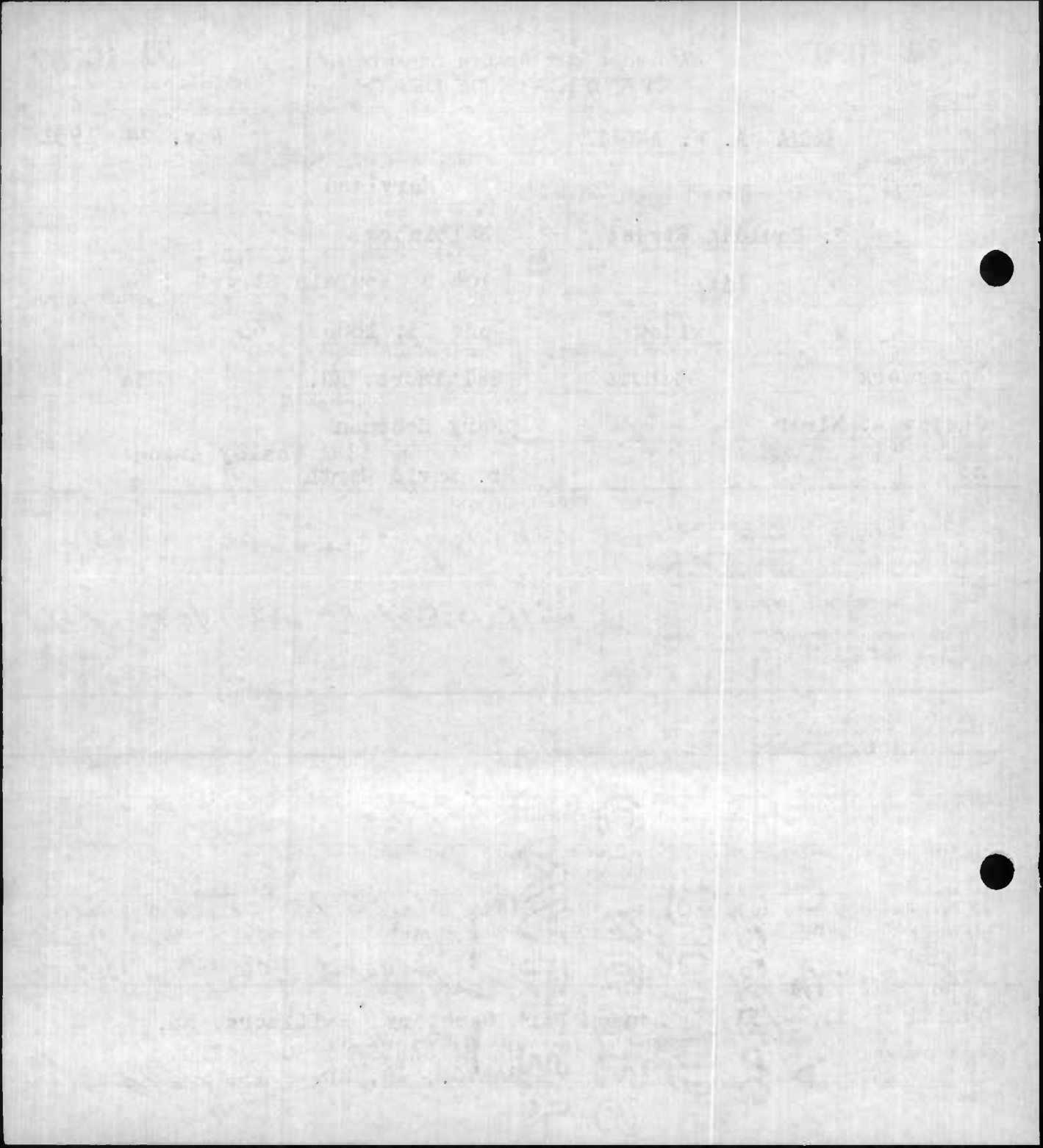
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.
BALTO., 13, MD.



614
51 10208BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10208

Registered No.

BIRTH NO. 48-14282

1. NAME OF DECEASED
(Type or Print)

NICHOLAS SYROPOULOS

2. DATE
OF
DEATH

11-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

2-03

D. STREET ADDRESS (If rural, give location)

2021 Fleet St. #31

C. Length of stay in Baltimore

3

Yrs.

Mos.

Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-12-48

9. AGE (In years
last birthday)

3

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Athanasios Syropoulos

14. MOTHER'S MAIDEN NAME

maria Pantajaras

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Athanasios Syropoulos 2021 Fleet St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Postoperative Shock

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

12 hrs.

I
ANTECEDENT CAUSESDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Left Adrenal Tumor with
metastasis

DUE TO

2 wks?

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Metastasis to Diaphragm, Kidneys, Lymph Nodes

19A. DATE OF OPERATION

11-23-51

19B. MAJOR FINDINGS OF OPERATION

Left Adrenal Tumor with metastasis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1951, to 11-24, 1951, that I last saw the
deceased alive on 11-24, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Harold S. Farfel

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-26-51

24C. NAME OF CEMETERY OR CREMATORY

Green Cemetery

24D. LOCATION (City, town, or county)

Windsor Mill Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lambros Inc 440 E North Ave

NOV 26 1951

VS 150

55a

MEDICAL CERTIFICATION

Journal 11-26-21
Tombstone Lake and West

52-51 10209

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10209

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ivernell Redding

2. DATE
OF
DEATH

11/22/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

834 S Eutaw Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore, City 22-02

D. STREET ADDRESS (If rural, give location)

834 S. Eutaw Street

c. Length of stay in Baltimore

21 Yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

12/27/1910

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Jowes

14. MOTHER'S MAIDEN NAME

Minvera Giles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Clyde Redding-834 S. Eutaw Street

18. 420. 1 1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11-19, 1951, to 11-22, 1951, that I last saw the
deceased alive on 11-22, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11/26/51

Mt. Auburn Ct.

Baltimore, City.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

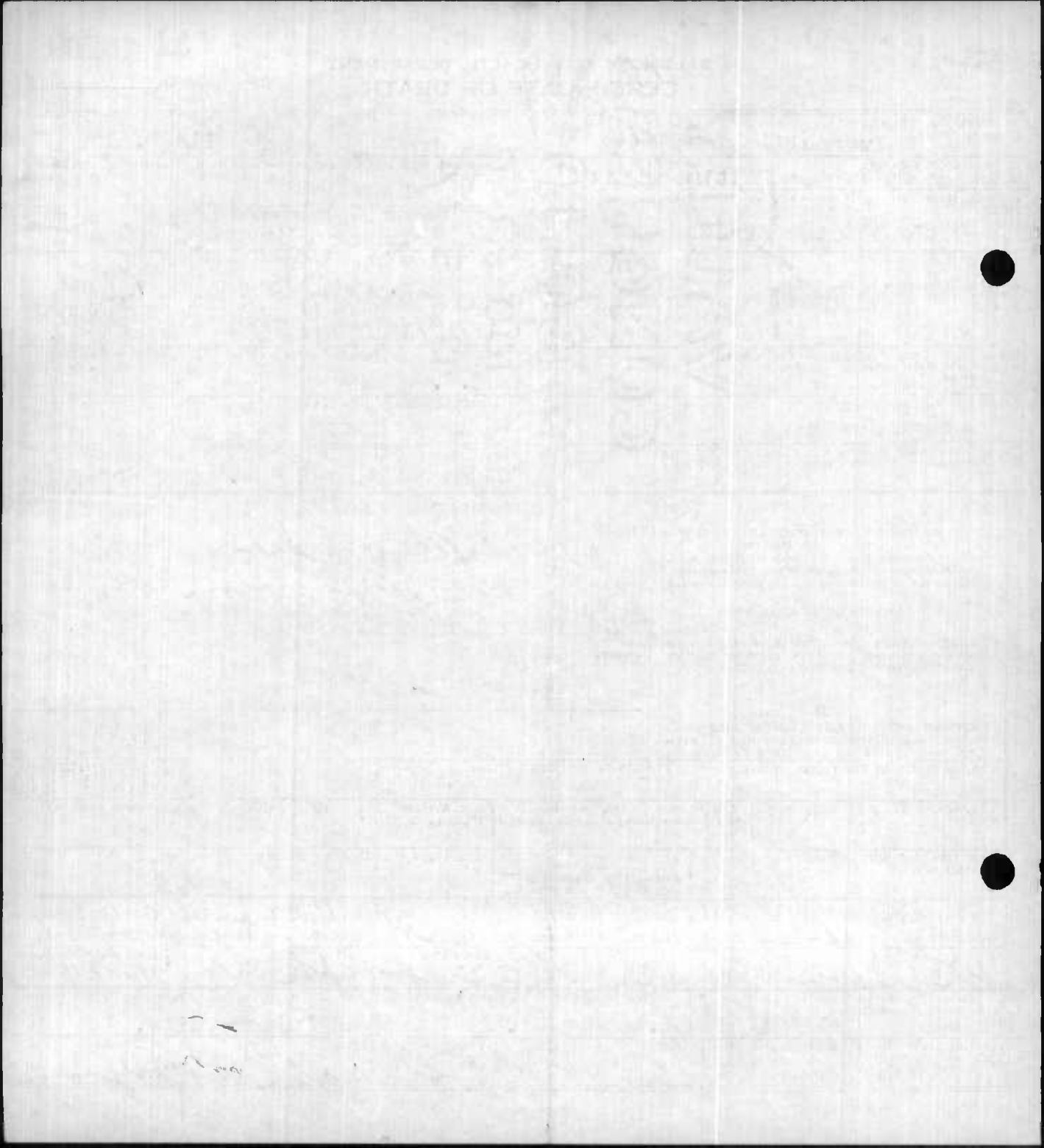
25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1951

W. Atwell Jones

534 Dolph St 11-24-51



51 10210

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10210

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NETTIE O. DUNIVIN

2. DATE
OF
DEATH

11-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-08

D. STREET ADDRESS (If rural, give location)

3614 Malden Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 22 1889

9. AGE (In years
last birthday)

62.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George M. Dunivin 3614 Malden Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction + Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

E Atrial Fibrillation + Congestive Failure

DUE TO

(C)

Arterio Sclerotic CVD

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 11-20, 1951, to 11-25, 1951, that I last saw the
deceased alive on 11-25, 1951, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1951

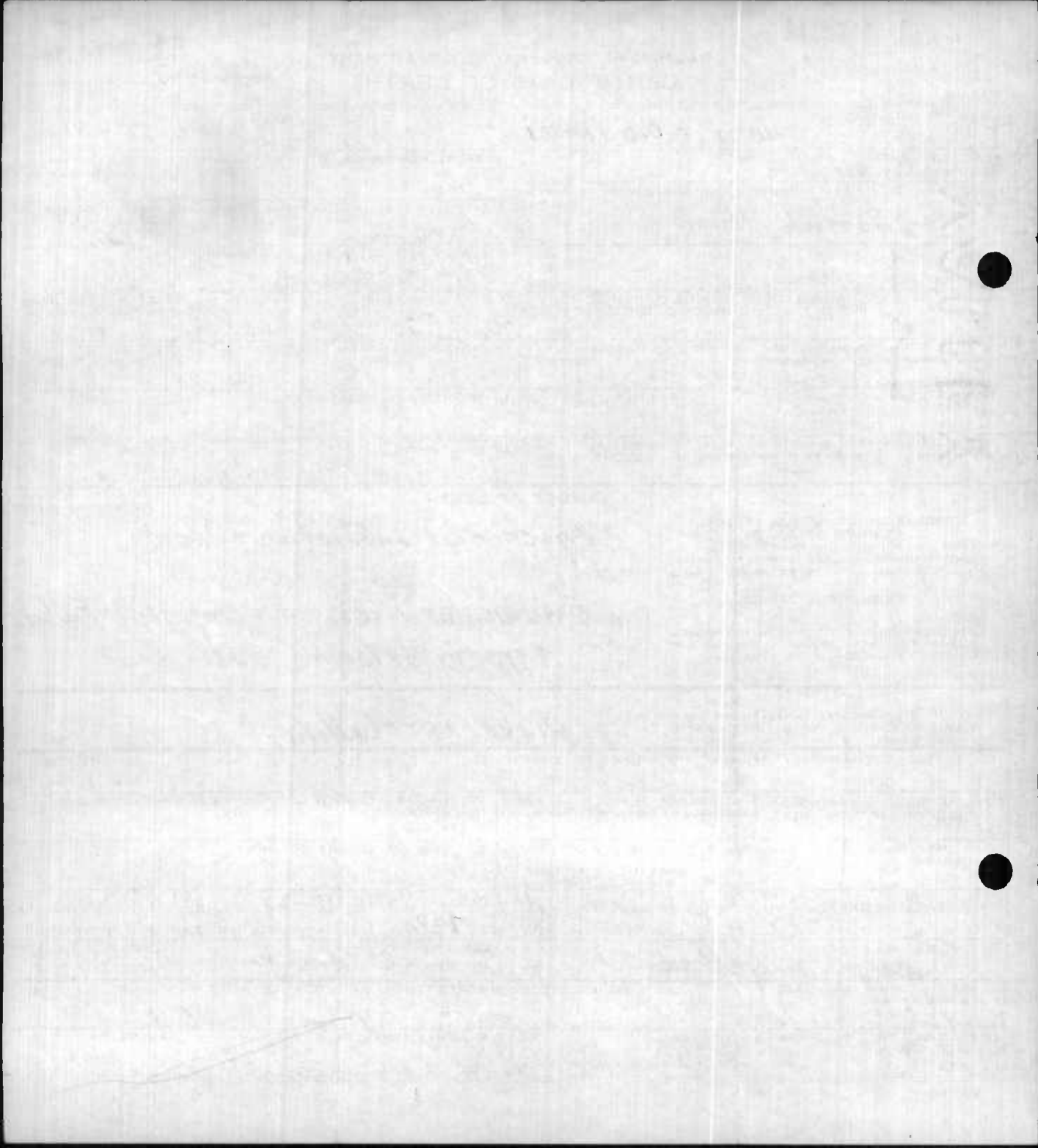
Walter J. Williams, M.D.

Paul C. Chenoweth, 3615-17 Chestnut Ave.

VS 150

61

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-24837

1. NAME OF DECEASED
(Type or Print)

STEPHEN P. AMON

2. DATE
OF
DEATH

Nov. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MERCY

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-01

D. STREET ADDRESS (If rural, give location)
811 St Paul St

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct 14-1951

9. AGE (In years last birthday)

11 Months 11 Days

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Cyrenus L Amon

14. MOTHER'S MAIDEN NAME

Jacqueline M. Betzner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Cyrenus L Amon. 811 St Paul St

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Malnutrition

DUE TO

ANTECEDENT CAUSES

Infantile diarrhea

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley H. Durelacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR

23C. DATE SIGNED Nov. 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Nov 26-51

Prospect Hill Cem

Towson-Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1951

V S 151

William Cook Inc.

1217 St Paul St

1192

100

51 10212
600BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah E. Dwyer

2. DATE
OF
DEATH

November 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

800 West 33rd Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

800 West 33rd Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH

April 29, 1864

9. AGE (In years
last birthday)

87

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
homemaker10B. KIND OF BUSINESS OR
INDUSTRY
never employed

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Dwyer

14. MOTHER'S MAIDEN NAME

Sarah J. Coombs

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. F. Gartrell, 800 West 33rd St.

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute HEART FAILURE

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arterio Sclerosis

20 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct 15, 1950, to Nov 23, 1951, that I last saw the
deceased alive on 11-23, 1951, and that death occurred at 11-54 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

11/27/51

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery, Hampden

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

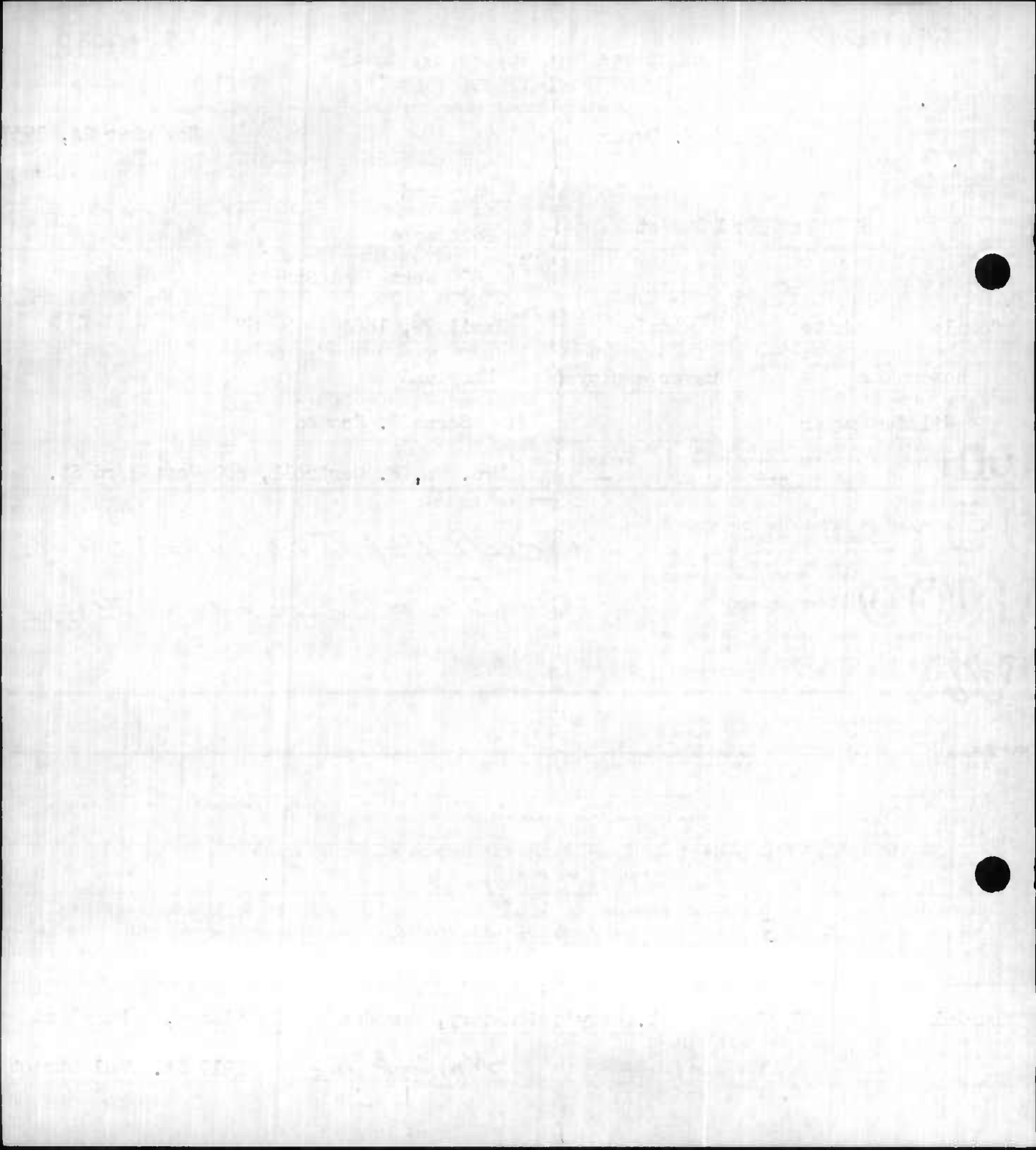
NOV 26 1951

Wm. Cook, Inc.

1217 St. Paul Street

VS 150

97



300
51 10213BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10213

BIRTH NO. 51-27600

1. NAME OF DECEASED
(Type or Print)

BABY BOY WHITE (LARRY LEE WHITE)

2. DATE
OF
DEATH

11-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

Year
Mos.
Days

C. Length of stay in Baltimore

1

5. SEX

M

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

BALTIMORE CITY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

12-05

D. STREET ADDRESS (If rural, give location)

1908 N. Charles ST

5. SEX

M

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-23-51

9. AGE (In years
last birthday)

0

If Under 1 Year
Months: Days

0 1 3

If Under 24 Hours
Hours: Min.

0 1 3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

BRANSON CALVIN WHITE

14. MOTHER'S MAIDEN NAME

Goldie H. SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

ADDRESS

BRANSON C. WHITE, 1908 N. CHARLES ST.

18. 754.4 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Congenital heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23-51 to 11-24, 1951, that I last saw the
deceased alive on 11-24, 1951, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

11-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

11/26/51

CEDAR HILL CEMETERY

A.A. Co.

MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

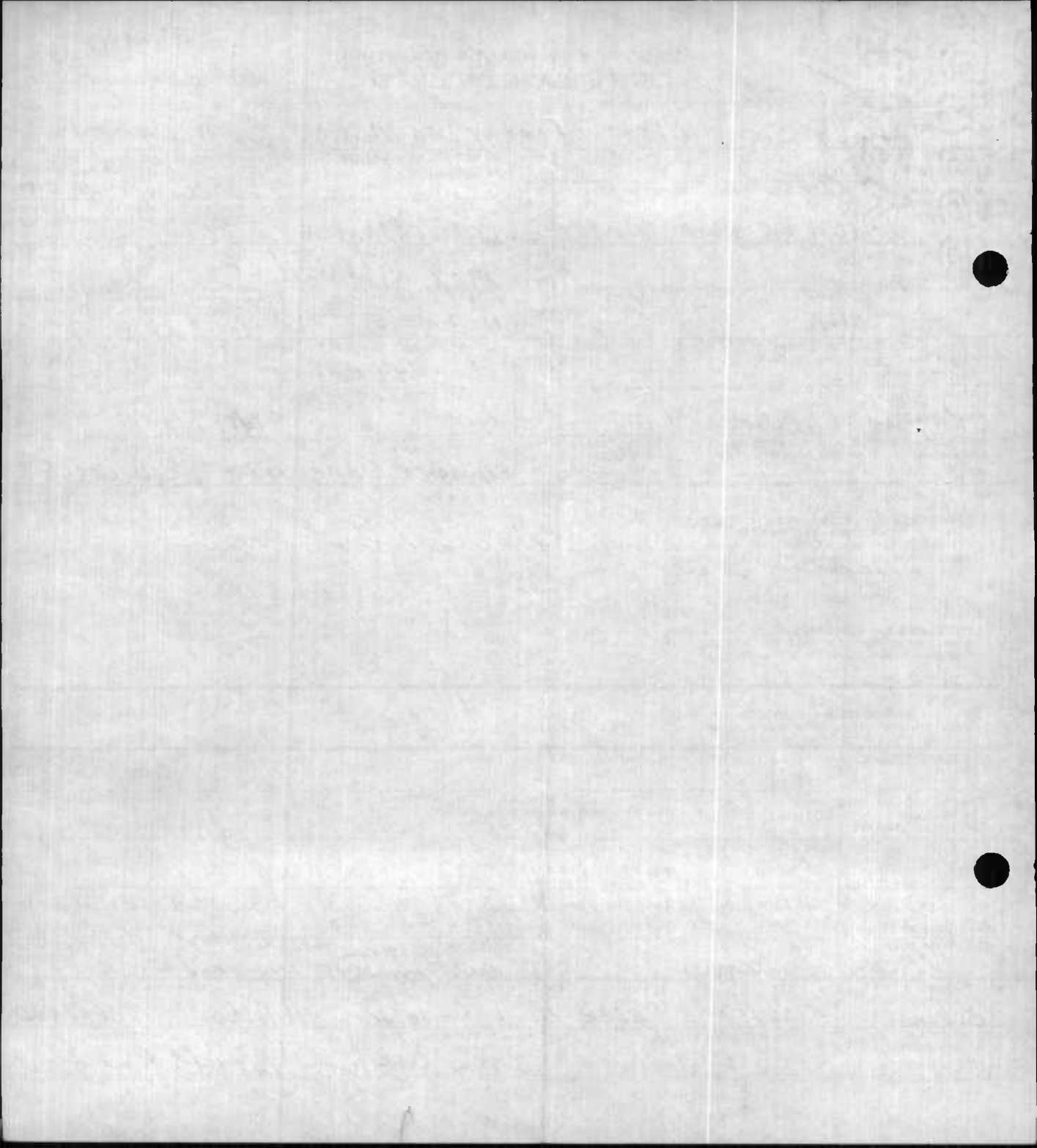
NOV 26 1951

Wm. Cook, Inc., 1217 P.O. Paul Street

VS 150

157E

MEDICAL CERTIFICATION



165
51 10214BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10214
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Esther L. O'Brien

2. DATE
OF DEATH November 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

309 E. 28th Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

309 E. 28th Street

Length of stay in Baltimore

49 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 30, 1900

9. AGE (in years last birthday)

51

10 Under 1 Year Months Days
11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

School Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Baltimore City

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?
U S A

13. FATHER'S NAME

Archibald J. Lipscomb

14. MOTHER'S MAIDEN NAME

Edith Brannan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
John W. O'Brien 309 E. 28th Street

18. 241X

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) DUE TO
(B) DUE TO
(C) DUE TO

CAUSE OF DEATH

Coronary Thrombosis
Coronary Thrombosis

Bronchial Asthma

Ischemic

INTERVAL BETWEEN ONSET AND DEATH

11 min

year

years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940 to Nov 23, 1951, that I last saw the deceased alive on Nov 23, 1951, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert M. Foster

M. D.

23B. ADDRESS

2824 St. Paul St

23C. DATE SIGNED

Nov 24-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 26, 1951

24C. NAME OF CEMETERY OR CREMATORY

Ivy Hill

24D. LOCATION (City, town, or county)

Laurel, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Herbert M. Foster

25. FUNERAL DIRECTOR

ADDRESS

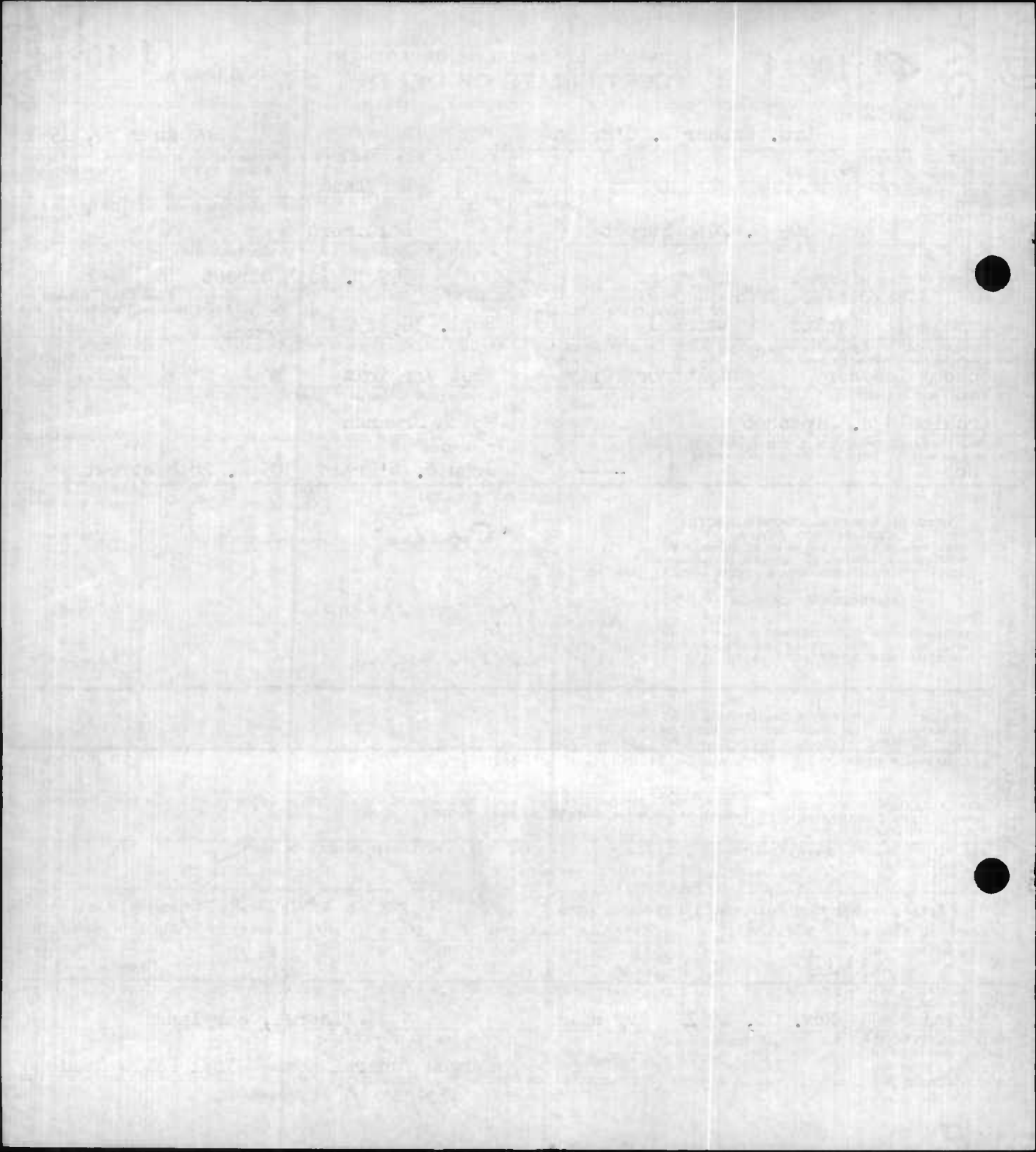
Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

VS 150

0938V

94a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10215
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CORA

HEARD

2. DATE
OF
DEATH 11-24-51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

728 W. Lexington Street

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 30, 1897 53

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Lloyd

14. MOTHER'S MAIDEN NAME

Sallie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Luther Heard

ADDRESS 728

W. Lex. St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular
disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Healey S. Denecher M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR

23C. DATE SIGNED

11-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

11/27/51

Arbutus Memorial Arbutus

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

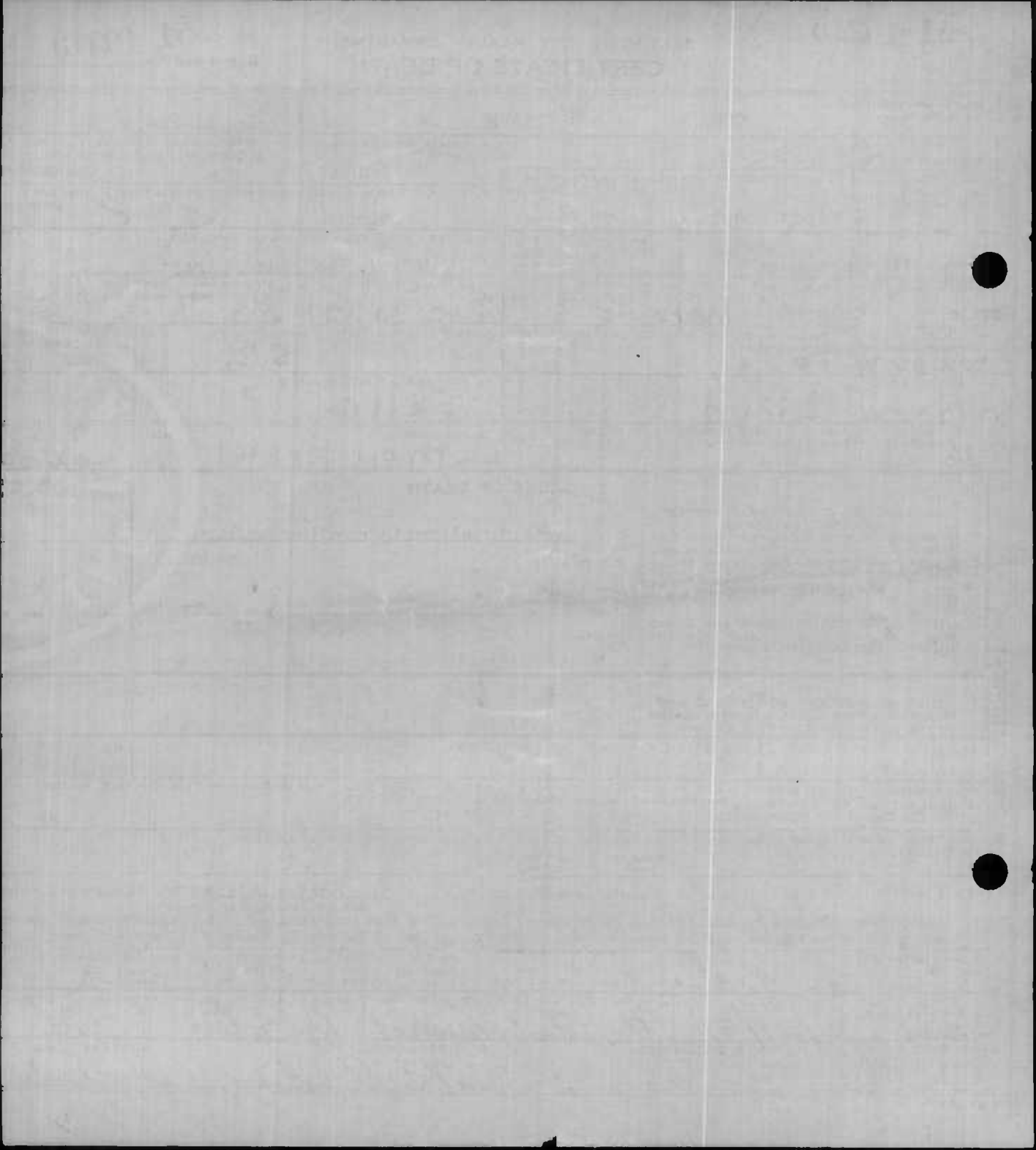
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 322 N.

NOV 26 1951

Mrs. Kate R. Williams Schroeder St.



650 51 10216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10216
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abraham Brown

2. DATE
OF
DEATH

21 Nov '51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mary Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8 Aug 1901

9. AGE (In years
last birthday)

49

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Car Washer

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John Brown

George

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Daisy Brown

ADDRESS 733

W. Lexington St

18. 448x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

2 weeks

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

menia

DUE TO

Hypertensive Arteriosclerotic
cardiovascular renal disease

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on 20 Nov, 1951, and that death occurred at 10:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

L. A. Simmons

M. O.

23B. ADDRESS

Mary Hospital

23C. DATE SIGNED

21 Nov. '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/26/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cems

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

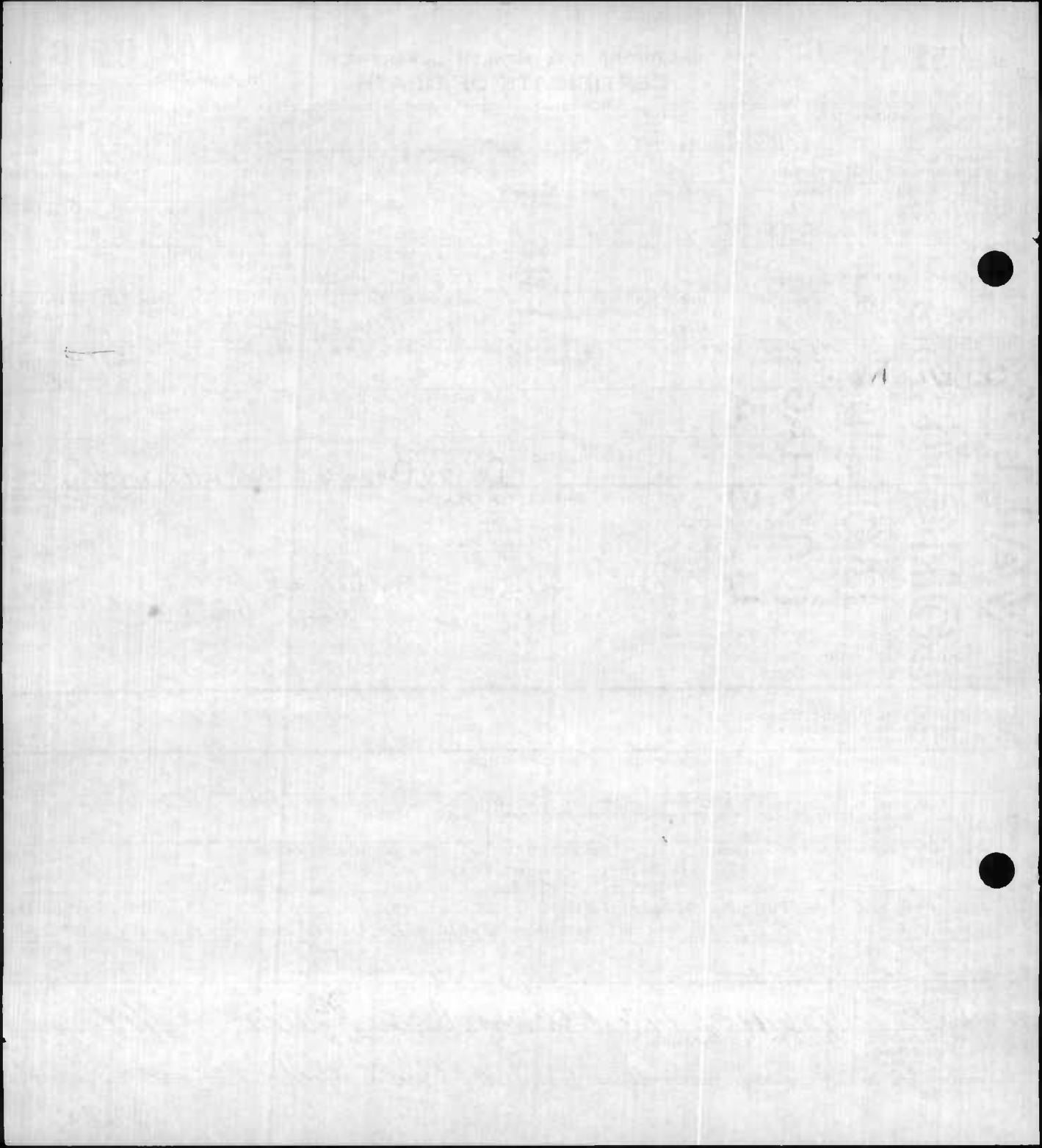
Huntington Hill

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schroeder St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10217

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>William Bowers</i>		2. DATE OF DEATH <i>Nov. 25, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lutheran Hosp. of Maryland</i>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <i>Baltimore</i>	
5. LENGTH OF STAY IN BALTIMORE <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2849 Woodbrook Ave</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Unknown 1872 79</i>
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Janitor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Balto. City</i>	9. AGE (In years last birthday) <i>79</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Adam Bowers</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Bruckey</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs. William J. Bowers</i>		ADDRESS <i>1571 Sunlaw Rd.</i>	

CAUSE OF DEATH

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebro Vascular Accident.</i>	INTERVAL BETWEEN ONSET AND DEATH
<p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.</p>	
(B) <i>Arterio sclerosis</i>	
(C) _____	

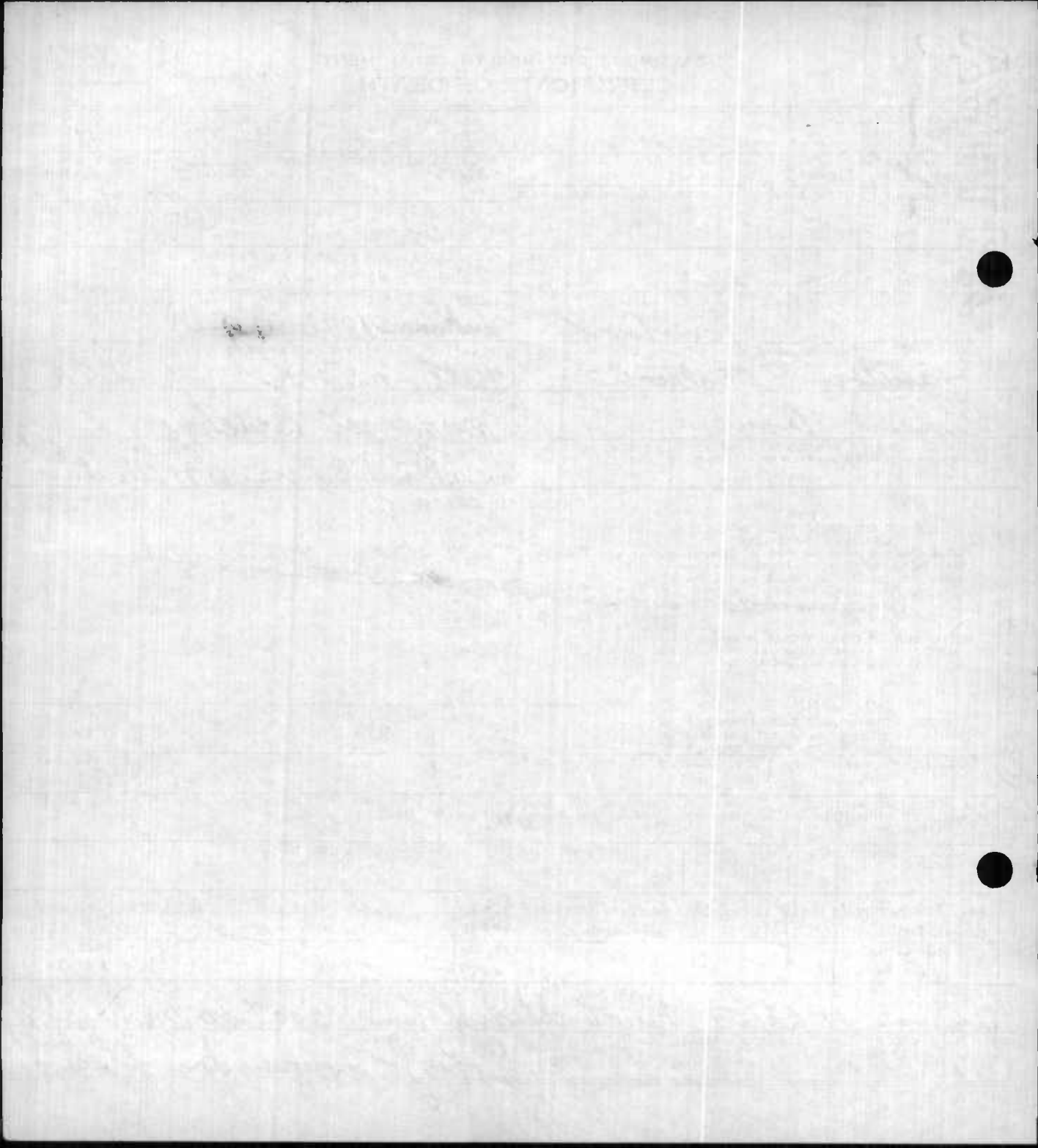
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 24*, 1951, to *Nov 25*, 1951, that I last saw the deceased alive on *Nov. 25*, 1951, and that death occurred at *3:55* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Robert M. J.</i>	23B. ADDRESS <i>Lutheran Hosp.</i>	23C. DATE SIGNED <i>Nov. 25, 1951</i>
---------------------------------------	---------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/26/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem</i>	24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd.</i>
--	------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1951</i>	REGISTRAR'S SIGNATURE <i>William J. Bowers</i>	25. FUNERAL DIRECTOR <i>John J. Bowman & Son</i>	ADDRESS <i>Holmes</i>
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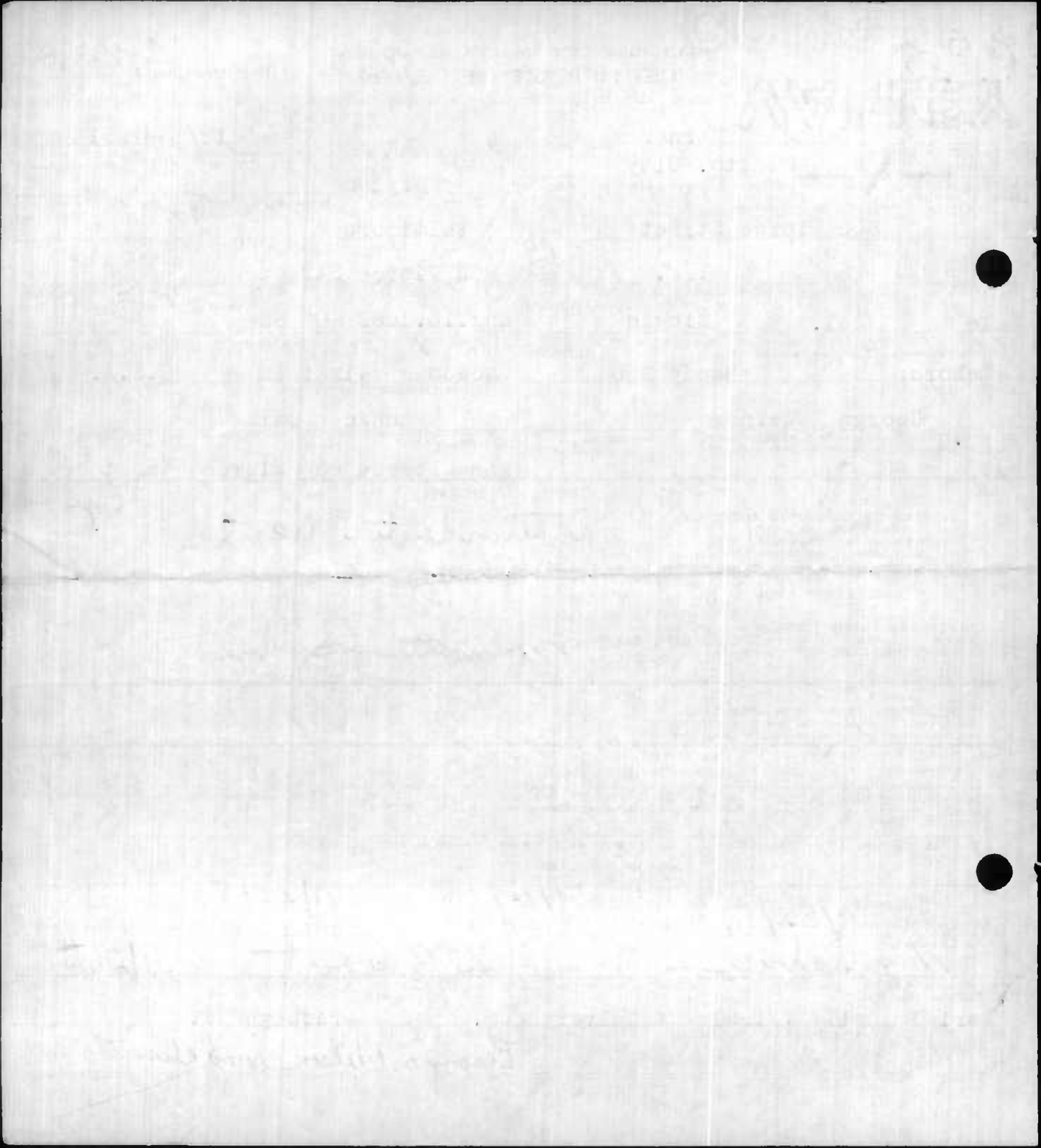


656
51 10218
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10218
Registered No.

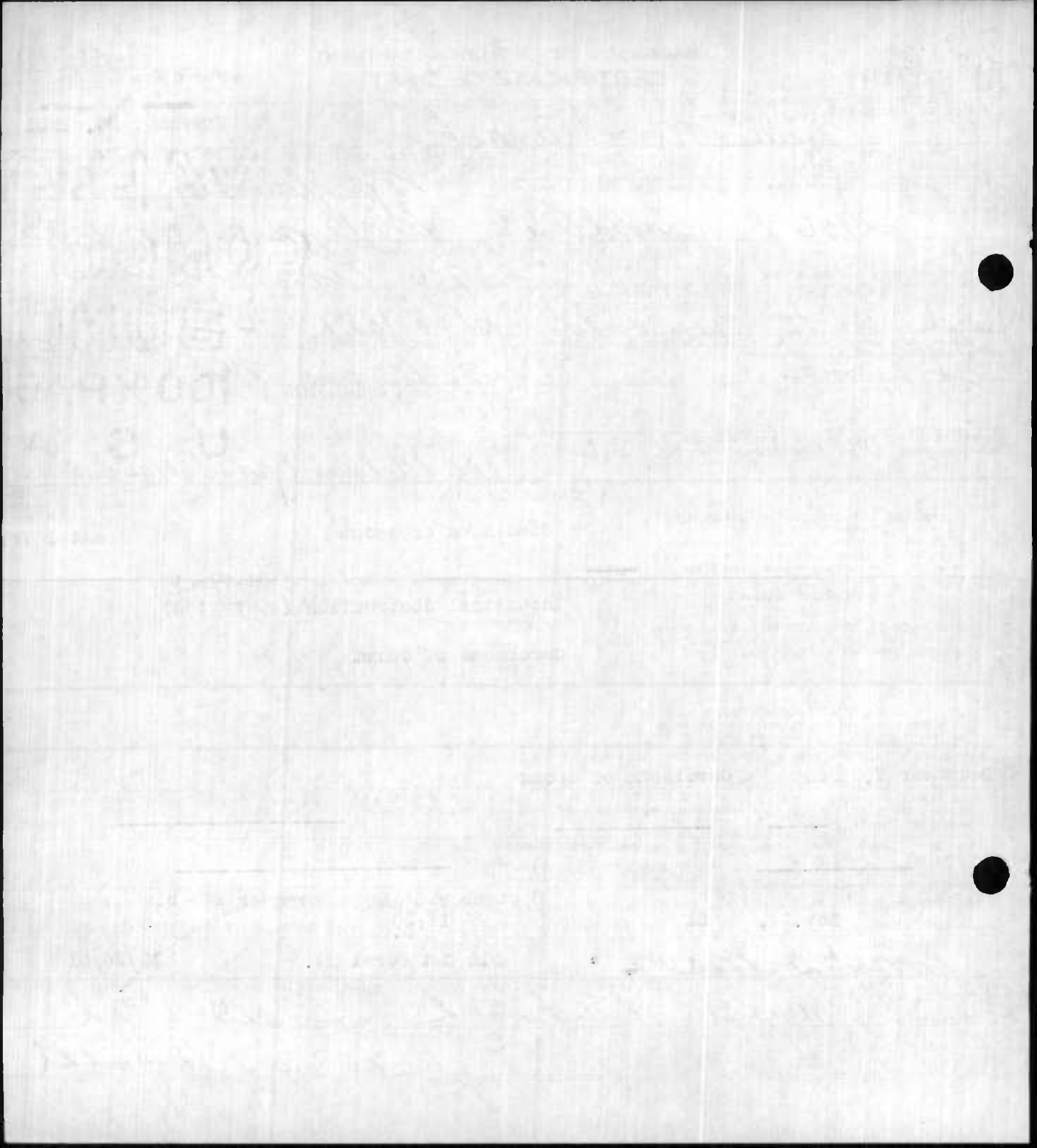
1. NAME OF DECEASED (Type or Print) James Warner			2. DATE OF DEATH 11/23/1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 17-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 805 Pierce Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 805 Pierce Street			E. LENGTH OF stay in Baltimore 25 Yrs.		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 16. 1889	9. AGE (In years last birthday) 62	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Handy Man		
11. BIRTHPLACE (State or foreign country) Accomac Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Warner			14. MOTHER'S MAIDEN NAME Fannie Owing		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Anna Dowson			ADDRESS 805 Pierce Street		
18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteroductic Scent DUE TO Respiratory ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Voluntary delirium OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET NO DEATH 1		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11/10/50 , 19 50 , to 11/23/51 , 19 51 , that I last saw the deceased alive on 11/22/51 , 19 51 , and that death occurred at m. , from the causes and on the date stated above.					
23A. SIGNATURE W. Warner		23B. ADDRESS 253 Gx st	23C. DATE SIGNED 11/26/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/27/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.		24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951		REGISTRAR'S SIGNATURE W. Warner		FUNERAL DIRECTOR Chas. O. Wilson	
VS 150		97099		937	



352
51 10219
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10219

1. NAME OF DECEASED (Type or Print) <i>Julia M. Steinacker</i>		2. DATE OF DEATH November 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-01</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2906 Pinewoodline</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2906 Pinewood Ave.</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>July 8-1889</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		12. AGE (In years last birthday) <i>62</i>	13. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
14. FATHER'S NAME <i>?</i>		15. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
16. CITIZEN OF WHAT COUNTRY? <i>?</i>		17. MOTHER'S MAIDEN NAME <i>?</i>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		19. SOCIAL SECURITY NO.	
20. ADDRESS <i>Mr. Melvin Kram - 1905 Oak Hill</i>		21. INFORMANT	
22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of cecum</i>		23. INTERVAL BETWEEN ONSET AND DEATH <i>About 1 Yr.</i>	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(12/7/50) Intestinal obstruction (operation)</i>		25. CAUSE OF DEATH <i>Carcinoma of cecum</i>	
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		27. MEDICAL CERTIFICATION	
28. DATE OF OPERATION <i>December 7, 1950</i>		29. MAJOR FINDINGS OF OPERATION <i>Carcinoma of cecum</i>	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		31. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		33. HOW DID INJURY OCCUR?	
34. TIME (Month) (Day) (Year) (Hour) OF INJURY		35. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
36. I hereby certify that I attended the deceased from <i>September 23, 1950</i> to <i>November 24, 1951</i> , that I last saw the deceased alive on <i>Nov. 24, 1951</i> , and that death occurred at <i>11:20 m.</i> , from the causes and on the date stated above.			
37. SIGNATURE <i>Mat. J. Murr</i>		38. ADDRESS <i>516 Cathedral St.</i>	
39. DATE SIGNED <i>11/26/51</i>		40. MEDICAL CERTIFICATION	
41. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		42. DATE <i>11-27-51</i>	
43. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		44. LOCATION (City, town, or county) (State) <i>Bald Md</i>	
45. DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1951</i>		46. REGISTRAR'S SIGNATURE <i>W. J. Williams</i>	
47. FUNERAL DIRECTOR <i>L. J. Luck</i>		48. ADDRESS <i>5305 Hayford Rd</i>	



000
51 10220
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10220

1. NAME OF DECEASED (Type or Print) <i>Rodolph R. Rowe, Sr.</i>			2. DATE OF DEATH <i>11 25 51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 11 Township</i>		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>225 E. Burke Ave A 4</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-14-1878</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>dispatcher, Western Md R.R.</i>			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Henry H. Rowe</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>			12. MOTHER'S MAIDEN NAME <i>Joannah Bohoney</i>		
17. INFORMANT <i>Mr. Henry H. Rowe</i>			ADDRESS <i>225 E. Burke</i>		

18. *162x* I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Brochiogenic Carci-
DUE TO *noma*

INTERVAL BETWEEN ONSET AND DEATH
?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/8, 1951*, to *11/25, 1951*, that I last saw the deceased alive on *11/25, 1951*, and that death occurred at *11a. m.*, from the causes and on the date stated above.

23A. SIGNATURE *William H. Williams, M.D.* 23B. ADDRESS *Maryland Gen. Hosp* 23C. DATE SIGNED *11/28/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *11-28-51* 24C. NAME OF CEMETERY OR CREMATORY *Morland Park* 24D. LOCATION (City, town, or county) (State) *Balt Md*

DATE RECEIVED BY LOCAL REGISTRAR *NOV 26 1951* REGISTRAR'S SIGNATURE *William H. Williams, M.D.* 25. FUNERAL DIRECTOR *L. J. Kuck* ADDRESS *5305 Harford Rd*

035M 1

RECEIVED



553
51 10221

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10221
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Simmond
Edward Simmond

2. DATE
OF
DEATH 11-24-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTRUCTION 3502 Clifton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-48

Length of stay in Baltimore
8 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)
3502 Clifton Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

4-14-1871

9. AGE (In years last birthday)
80

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired

10B. KIND OF BUSINESS OR INDUSTRY
Restaurant

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Simmond

14. MOTHER'S MAIDEN NAME

Mary Beckel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 3641

Mrs Rose R. Winship Greenmount Ave

18. 420.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

5 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Smoking

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 23, 1951, to Nov. 24, 1951, that I last saw the deceased alive on Nov. 24, 1951, and that death occurred at 12:30 AM from the causes and on the date stated above.

23A. SIGNATURE

Abraham B. Hummety

23B. ADDRESS

M. D. 3048 W. North Ave.

23C. DATE SIGNED

Nov. 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11-26-1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John E. Moran

25. FUNERAL DIRECTOR

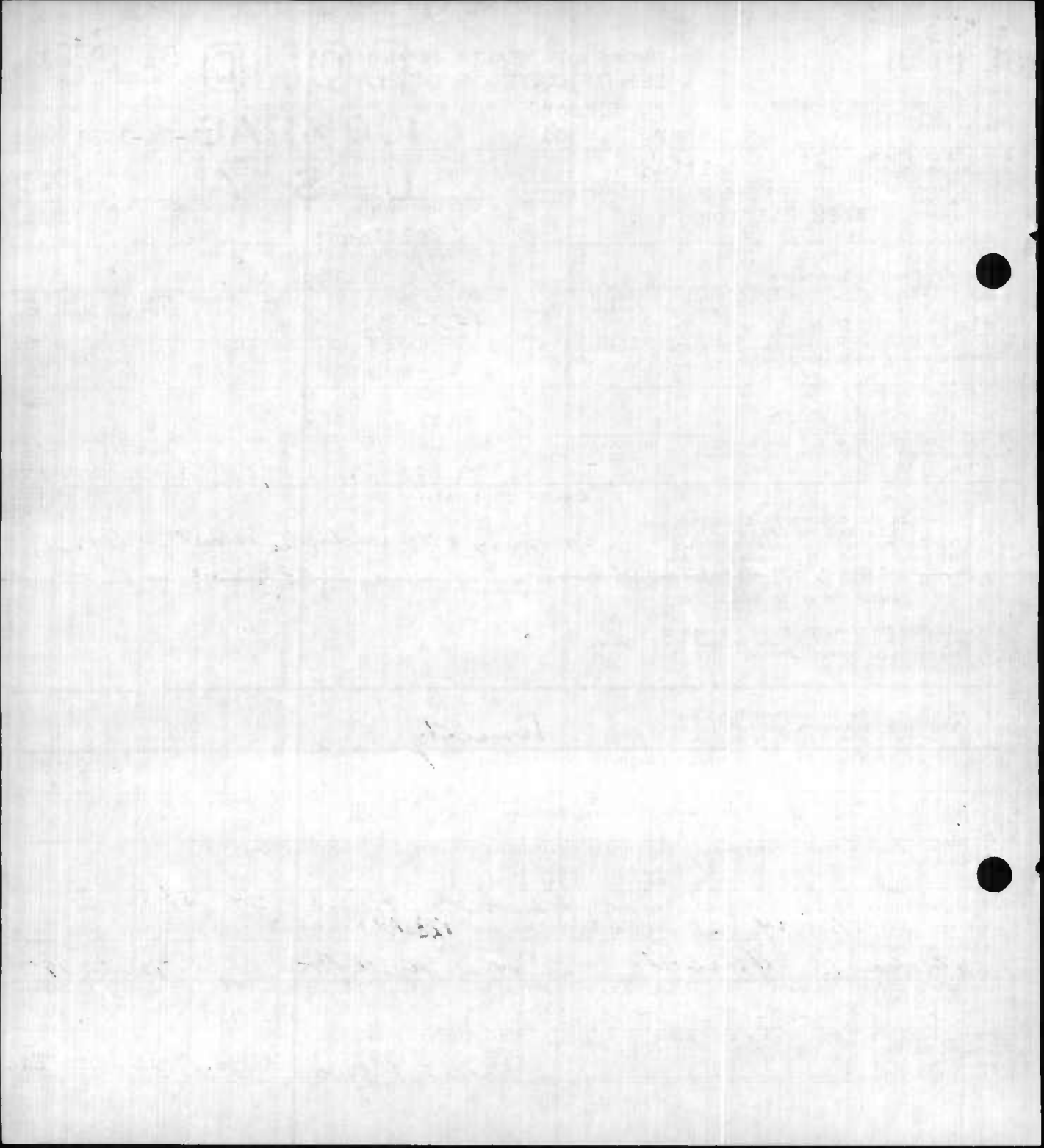
ADDRESS

3000 E. Baltimore St.

NOV 26 1951

VS 150

93D



500
10222BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10222

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Lee Goon		2. DATE OF DEATH 11-25-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2706 E. Fairmount Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02	
D. STREET ADDRESS (If rural, give location) 2706 E. Fairmount Ave.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 3 ?
9. AGE (In years last birthday) app. 58		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Oregon		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Lee Sam		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Raymond J. Goon		ADDRESS 11 W. 24th. St.	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) coronary thrombosis DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) severe pulmonary tuberculosis DUE TO D.O.A. (C)	10 yrs ??

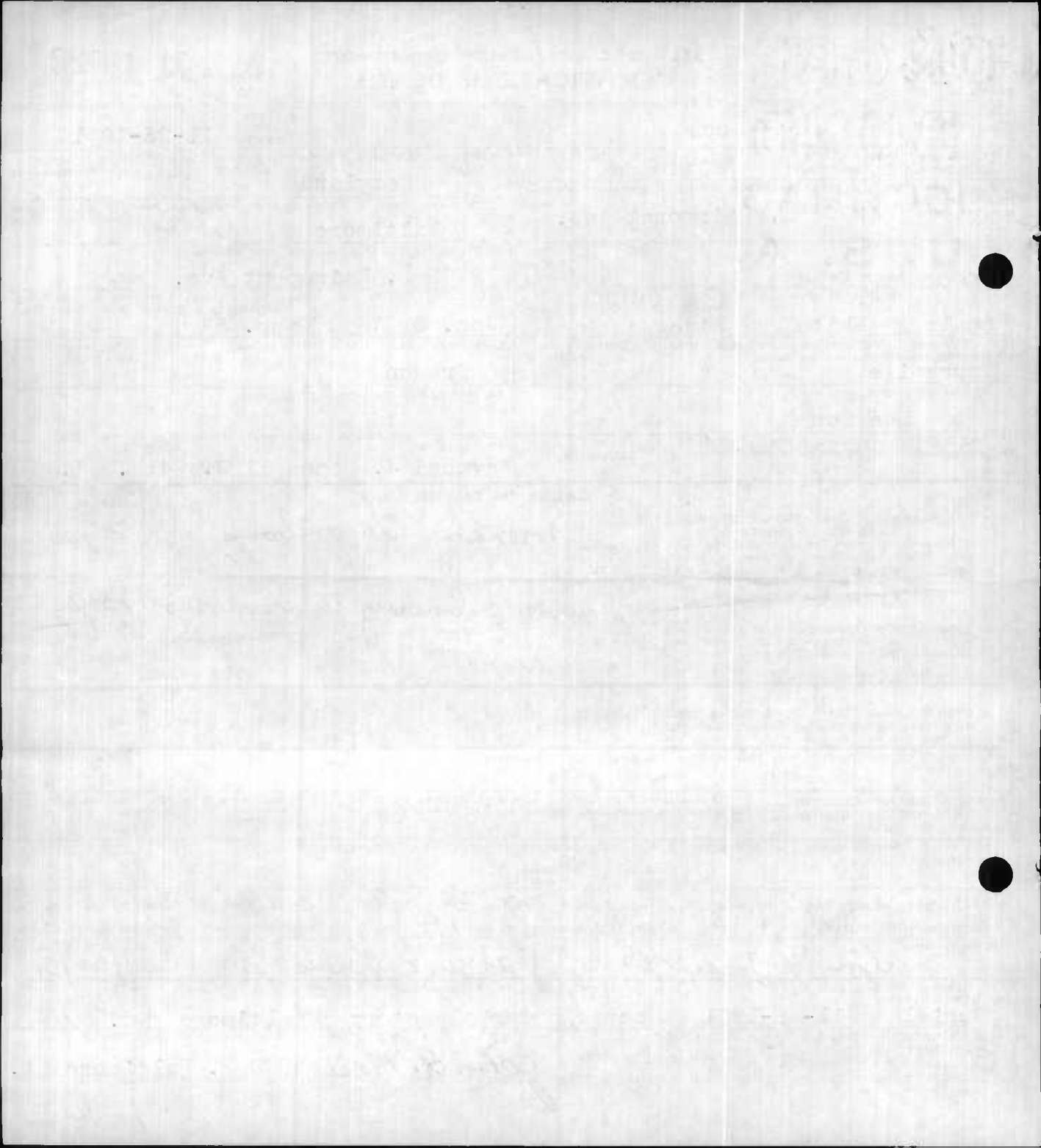
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 25, 1951 to Nov 25, 1951, that I last saw the deceased alive on Nov 24, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above.

23A. SIGNATURE Burton V. Locke MD	23B. ADDRESS 2936 E. Balto. St.	23C. DATE SIGNED 11/26/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-29-1951	24C. NAME OF CEMETERY OR CREMATORY Lorrain Park Cemetery	24D. LOCATION (City, town, or county) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951	REGISTRAR'S SIGNATURE John A. Moran	25. FUNERAL DIRECTOR John A. Moran	ADDRESS 3000 E. Baltimore St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10223
Registered No.

BIRTH NO. 51-27427

1. NAME OF DECEASED
(Type or Print)

BABY GIRL KANE

2. DATE

OF

DEATH

11/24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3103 Weaver Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

newborn

8. DATE OF BIRTH

11/23/51

9. AGE (in years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

newborn

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gilbert A. Kane

14. MOTHER'S MAIDEN NAME

Almerita Charlotte Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 762.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

alveolar hyaline membranes? since birth

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

hyperthermia (105°)

DUE TO

(C)

cyanosis & dyspnea

from birth

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 11/23, 1951, to 11/24, 1951, that I last saw the
deceased alive on 11/24, 1951, and that death occurred at 10:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

F. R. Perillo

M. D.

Mercy Hosp Balto

11/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1951

Huntington Williams, Jr.

Michael J. Blight 6009 Harford Rd

HA - 4162

200
51 10224BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10224

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Theresa Koch</i>			2. DATE OF DEATH <i>11/25/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>5019 Eastern Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>26-05</i>		
Length of stay in Baltimore <i>44 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>5019 Eastern Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 20-1876</i>	9. AGE (In years last birthday) <i>75</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>		
11. BIRTHPLACE (State or foreign country) <i>Austria</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		
13. FATHER'S NAME <i>Unknown</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>-</i>			16. SOCIAL SECURITY NO. <i>-</i>		
17. INFORMANT <i>Francis Koch</i>			ADDRESS <i>1011 Lin Ave.</i>		

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypertensive vascular disease</i> CAUSE OF DEATH (A) <i>Hypertensive vascular disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>About 5 Yrs.</i>	19. <i>Arthritis</i> ANTECEDENT CAUSES (B) <i>Arthritis</i> 3 Yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) <i>-</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>-</i>	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION <i>-</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>-</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>-</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>-</i>

22. I hereby certify that I attended the deceased from *Sept.*, 19 *50*, to *Nov. 25*, 19 *51*, that I last saw the deceased alive on *Nov. 24*, 19 *51*, and that death occurred at *4* a.m., from the causes and on the date stated above.

23. SIGNATURE *Wm. G. Marr* M.D. 23B. ADDRESS *516 Cathedral St.* 23C. DATE SIGNED *11/26/51*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24B. DATE <i>11/27/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Linden Park Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Frederick Rd. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1951</i>		REGISTRAR'S SIGNATURE <i>William G. Williams</i>	25. FUNERAL DIRECTOR <i>John J. Connelly</i>
		ADDRESS <i>Essex 21</i> <i>59 B Md.</i>	

11/27/51

Wet

Ball

2019 Eastern Ave

Sept. 20-1896 72

Quarters

Blackman

Specimen Book 2011 Eastern Ave

Theresa Lock
Rabbit

2019 Eastern Ave

4 pages

Female white w. brown

at home

Blackman

[Handwritten signature]

Continued 11/27/51
Specimen Book 2011 Eastern Ave
Blackman
Specimen Book 2011 Eastern Ave

656
51 10225
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10225

1. NAME OF DECEASED (Type or Print) <i>H. Clay Primrose</i>		2. DATE OF DEATH <i>11-24-51</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MD.</i> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>Union Memorial Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-13</i>	
d. LENGTH OF STAY IN BALTIMORE <i>69</i> ^{Yrs} ^{Mos.} ^{Days}		d. STREET ADDRESS (If rural, give location) <i>5100 Roland Ave.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>March 3, 1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>landscape architect</i>	
11. BIRTHPLACE (State or foreign country) <i>MD. Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>H. Clay Primrose</i>		14. MOTHER'S MAIDEN NAME <i>Frances Lee Benson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Harry C. Primrose, III - Gibson Island, Md.</i>		ADDRESS	

18. <i>491X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <i>BRONCHOPNEUMONIA, left lower lobe</i>		DUE TO		?	
ANTECEDENT CAUSES		(B) <i>Ulcerative Colitis, type undetermined</i>		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		?	
(C) <i>Generalized arteriosclerosis</i>				?	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Rheumatoid arthritis, chronic</i>		?	

19A. DATE OF OPERATION <i>11-24-51</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Sept 30, 1951* to *Nov 24, 1951*, that I last saw the deceased alive on *Nov 24, 1951*, and that death occurred at *11:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Alfred S. Nelson</i>		23B. ADDRESS <i>Union Memorial Hosp. Baltimore 18, Maryland</i>		23C. DATE SIGNED <i>Nov 25, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>entombment</i>		24B. DATE <i>11-27-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24F. LOCATION (City, town, or county) <i>Baltimore, Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1951</i>		REGISTRAR'S SIGNATURE <i>John O. Mitchell</i>		25. FUNERAL DIRECTOR, ADDRESS <i>John O. Mitchell & Sons, Inc. - 1900 Eutaw Place</i>	
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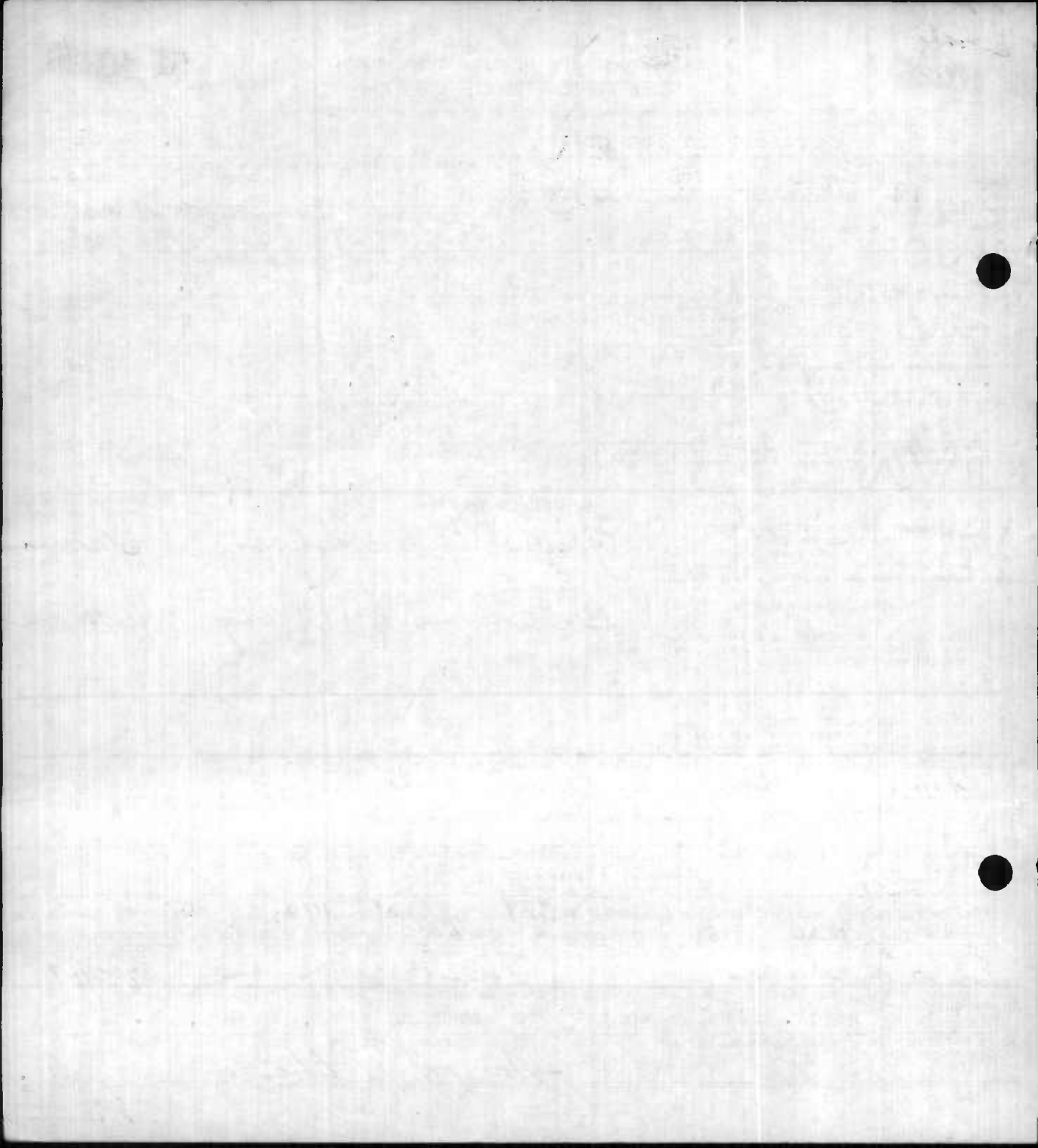
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10226
Registered No.

1. NAME OF DECEASED (Type or Print) Crescentia Yeager		2. DATE OF DEATH Nov. 24/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4105 Old Frederick Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4105 Old Frederick Rd.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH May 15, 1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 55
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Huber		14. MOTHER'S MAIDEN NAME Crescentia Modle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John Yeager		ADDRESS 4105 Old Frederick Rd	

18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) General Carcinomatosis DUE TO Colcinoma of Ovary DUE TO Colcinoma of Ovary DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 Months Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6/7/51		19B. MAJOR FINDINGS OF OPERATION Colcinoma of Ovary C Metastases		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/29 , 19 51 , to 11/24 , 19 51 , that I last saw the deceased alive on 11/23 , 19 51 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Eliot W. Johnson		23B. ADDRESS M. D. 3432 Inwood Ave.		23C. DATE SIGNED 11/24/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 27/51		24C. NAME OF CEMETERY OR CREMATORY Meadowridge Memorial Park, Dorsey, Md.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Harry A. Litch		ADDRESS 4101 Edmondson Ave.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 10227**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**Shipley, Earl F.**2. DATE
OF
DEATH**11-23-57**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**Md. Gen. Hosp.**

C. Length of stay in Baltimore

LifeYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**M**10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Electrician**10B. KIND OF BUSINESS OR
INDUSTRY**Bethlehem Fairfield**

13. FATHER'S NAME

Benjamin F. Shipley15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, to or unknown) (If yes, give war or dates of service)6. SOCIAL
SECURITY NO.**215 05 7106**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1535 Poplar Grove St.

8. DATE OF BIRTH

July 3/19069. AGE (In years
last birthday)**45**H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto.12. CITIZEN OF
WHAT COUNTRY?**U.S.**

14. MOTHER'S MAIDEN NAME

Lusan Chenoweth

17. INFORMANT

ADDRESS

Mrs. Florence Shipley, 1535 Poplar

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Hodgkin's Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-20**, 19**57**, to **11-23**, 19**57**, that I last saw the
deceased alive on **11-23**, 19**57**, and that death occurred at **10:40 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

Nov. 27/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park, 3801 Frederick Rd. Baltimore 29, Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

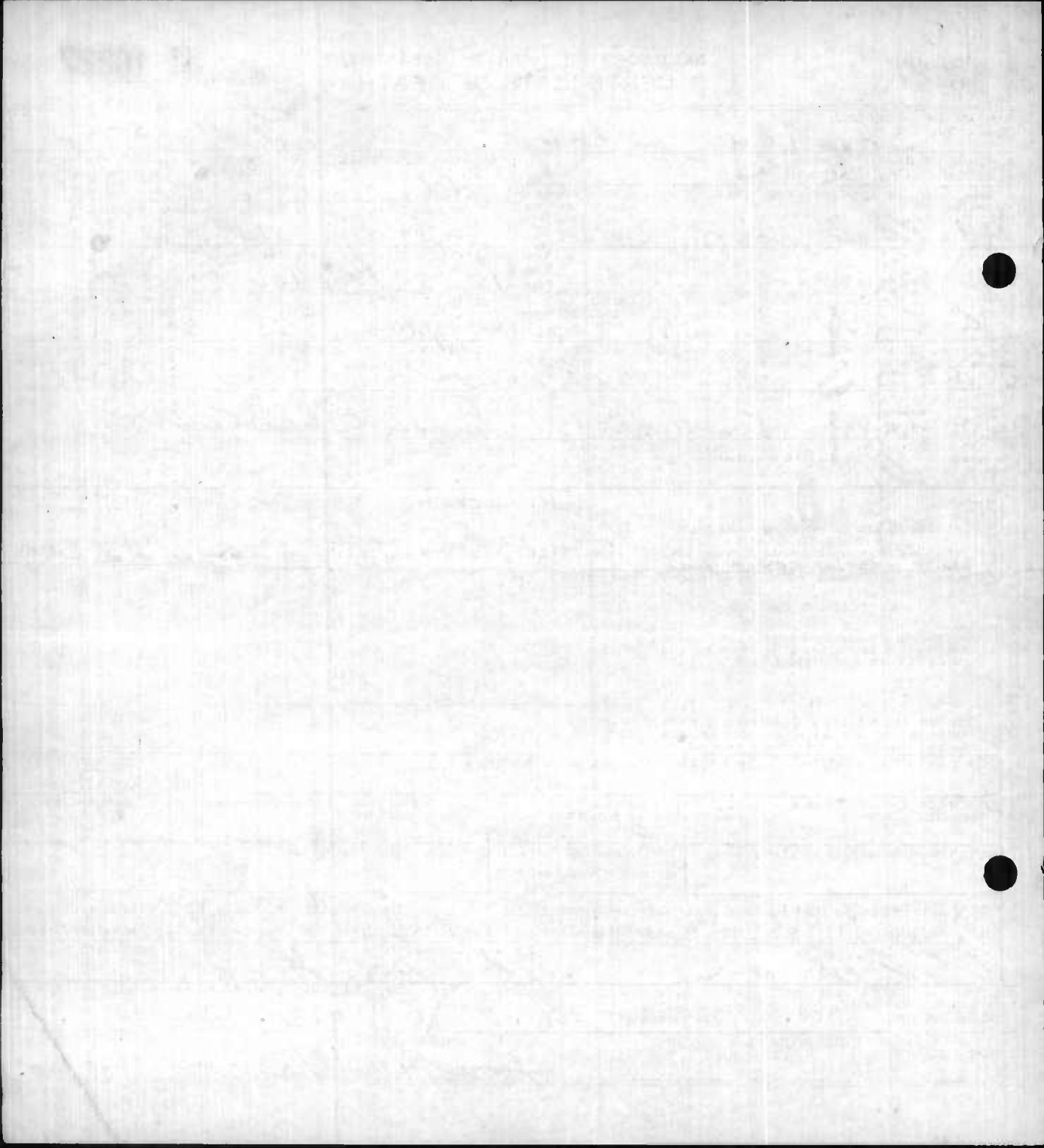
REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Harry A. Knutson 4101 Edmondson Ave.



51 10228 (2)

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

51 10228
 Registered No.

BIRTH NO.

1. NAME OF DECEASED
 (Type or Print) MR. THOMAS ROGAN

2. DATE OF DEATH 11/24/51

3. PLACE OF DEATH:
 A. Baltimore City, Maryland Bon Secours Hospital
 B. FULL NAME OF (If not in hospital or institution, give street address or location)
 HOSPITAL OR Bon Secours Hospital
 INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE Maryland B. COUNTY Baltimore
 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
 Baltimore 16-08

Length of stay in Baltimore 65 mos. Days

D. STREET ADDRESS (If rural, give location)
 700 N. Augusta Avenue

5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 7/10/64 9. AGE (in years last birthday) 87 10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Conductor 10B. KIND OF BUSINESS OR INDUSTRY B. O. R. R.

11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Timothy Rogan

14. MOTHER'S MAIDEN NAME Margaret Whelan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Thomas J. Rogan, 700 N. Augusta

18. 443X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardio-vascular disease

DUE TO

(C) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 14, 1951, to November 24, 1951, that I last saw the deceased alive on November 24, 1951, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

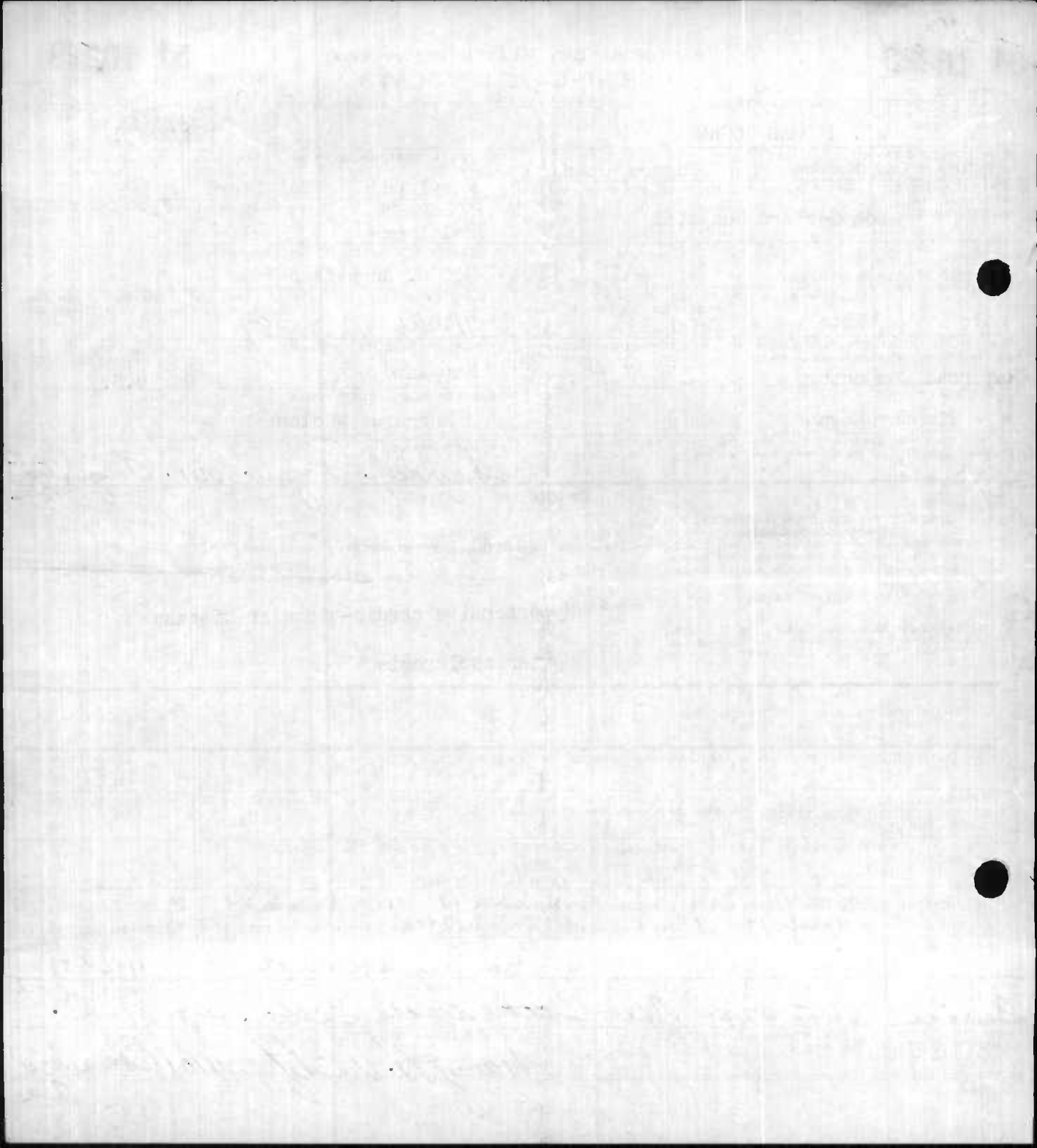
23A. SIGNATURE Dr. Luis Elgarte M. D. 23B. ADDRESS Bon Secours Hospital 23C. DATE SIGNED 11-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE Nov. 27/51 24C. NAME OF CEMETERY OR CREMATORY New Cathedral 24D. LOCATION (City, town, or county) (State) Balto. 29. Ind.

DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Harry H. Witzke, 4101 Calverton Ave.

935 Ave.

MEDICAL CERTIFICATION



354
51 10229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10229
X Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Johnnie Stanley		2. DATE OF DEATH NOV 25 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE VA. B. COUNTY V-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bedford	
D. STREET ADDRESS (If rural, give location) Route 5			
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-21-27	
9. AGE (In years last birthday) 24		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John F. Stanley		14. MOTHER'S MAIDEN NAME Hattie Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL			

18. 754.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Septicemia (Subacute bacterial endocarditis) DUE TO (B) Congenital Heart Disease DUE TO (C) (Pathology of Septic)	INTERVAL BETWEEN ONSET AND DEATH 4 wks. Since onset
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Empyema	
19A. DATE OF OPERATION 10-6-51	19B. MAJOR FINDINGS OF OPERATION Pulmonic Stenosis
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-15-**, 19**51**, to **11-25-**, 19**51**, that I last saw the deceased alive on **11-25-**, 19**51**, and that death occurred at **11:40 pm.**, from the causes and on the date stated above.

23A. SIGNATURE Dr. S. Savitroff Jr.	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11/25/51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 11/26/51	24C. NAME OF CEMETERY OR CREMATORY Stanley Family Cem.
24D. LOCATION (City, town, or county) Bedford, Va.		
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951	REGISTRAR'S SIGNATURE Wm. Williams	25. FUNERAL DIRECTOR J. O. Mitchell & Sons Inc.

100

CERTIFICATE-CORRECTED

11-29-51

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 10230
Registered No.

343
51 10230
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Jerome CATALDI</i>			2. DATE OF DEATH <i>11.24.51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>2-00</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
D. STREET ADDRESS (If rural, give location) <i>1734 Gough St.</i>			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>w.</i>	8. DATE OF BIRTH <i>March 8, 1873</i>	9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <i>Italy</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Benny Cataldi</i>			14. MOTHER'S MAIDEN NAME <i>Stasova-Spirato Antoinette Baranka</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <i>331X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Coma</i> DUE TO (A) <i>Coma</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>1 month</i> <i>1 yr.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Cerebral hemorrhage</i> DUE TO (C) <i>Hypertension</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *10.24.1951*, to *11.24.1951*; that I last saw the deceased alive on *11.24.1951* and that death occurred at *9:45 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Anthony C. Leone M.D.</i>	23B. ADDRESS <i>Maryland General Hospital</i>	23C. DATE SIGNED <i>11.24.51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Nov 28/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore City</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1951</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>	FUNERAL DIRECTOR <i>John M. Wehler</i>
		ADDRESS <i>401 S. Chester Street</i>	

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51 10231BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10231

BIRTH NO.

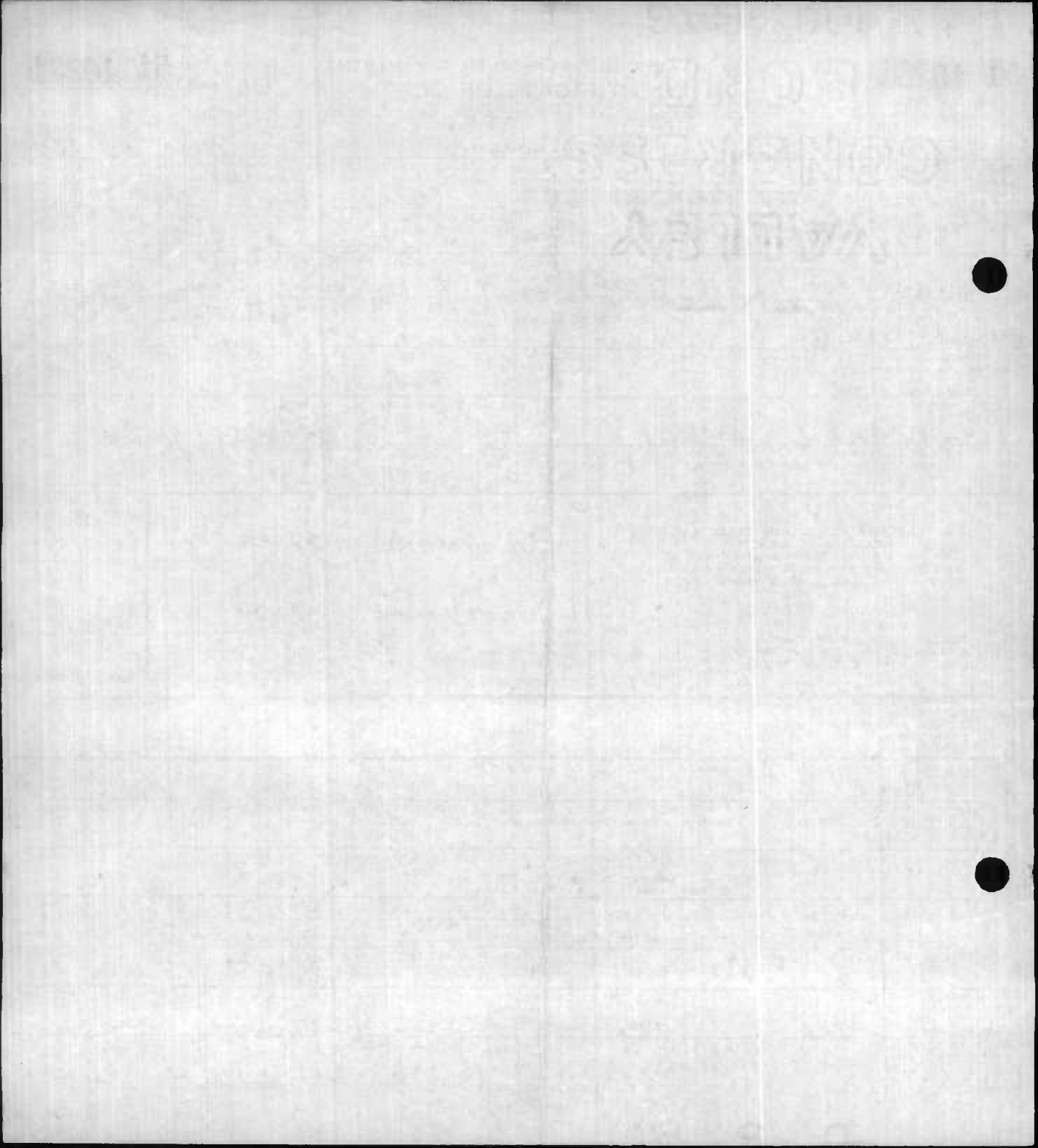
1. NAME OF DECEASED (Type or Print) <i>Antonina Jakubowski</i>		2. DATE OF DEATH <i>Nov. 23 / 51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>419 S. Durham Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
5. LENGTH OF stay in Baltimore <i>34 years</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>419 S. Durham Street</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>June 10 1886</i> 9. AGE (In years last birthday) <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Lawrence Walshi</i>		14. MOTHER'S MAIDEN NAME <i>Laszczynski</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS <i>Mrs. Stella Cross</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>PULMONARY EDEMA</i> DUE TO (B) <i>HYPERTENSIVE CARDIO- VASCULAR DISEASE</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>11/23/51</i> <i>4/2/51</i>
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *4/2* 19*51*, to *Nov 23*, 19*51*, that I last saw the deceased alive on *Nov. 23*, 19*51*, and that death occurred at *1140* p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph F. Osenga</i>		23B. ADDRESS <i>209 S. Berts St</i>		23C. DATE SIGNED <i>11/26/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 27/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore County</i>		25. FUNERAL DIRECTOR <i>John H. Weber</i>		ADDRESS <i>401 S. Chester St</i>	



540
51 10232BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10232

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

O'NEILL

2. DATE
OF
DEATH Nov. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Provident Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

528 Johansen St.

Length of stay in Baltimore

SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 25, 1909

9. AGE (In years
last birthday)

42

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

S

11. BIRTHPLACE (State or foreign country)

Florida

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marjorie O'Neill: 1124 Woodcrest

18. 422-1-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 21, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov 26/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

G. A. County Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 26 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Mrs Robt. A. Elliott & Daughter

ADDRESS

[Address]

VS 151

97099

1129 N. Caroline St 93D

82301 10

82301 10

160
612
51 10233

MABLE GRAVES WEAVER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10233

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 578 X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized peritonitis

30 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Spontaneous perforation ileum

? 30 hrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

hypertension
chronic alcoholism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-23-1951, to 11-24-1951, that I last saw the deceased alive on 11-24-1951, and that death occurred at 7:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (city, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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655
51 10234BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10234

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles Ingram Foreman</i>			2. DATE OF DEATH <i>7/20/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>S.O.G. Mercy Hosp</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>(S.O.G.) Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-12</i>		
Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>6103 Bellona Rd.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>April 29/1883</i>		9. AGE (In years last birthday) <i>68</i>
10A. USUAL OCCUPATION (Give kind of work done during most of work life (even if retired)) <i>Real Estate</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>(Property)</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Leander Foreman</i>			14. MOTHER'S MAIDEN NAME <i>Isabella Ingram</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>	17. INFORMANT ADDRESS <i>Misses Foreman (sisters) 6103 Bellona</i>		

18. *420.1 I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
Coronary Disease
(A)
DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *Wm. H. Hammer, Jr.* M.D. 23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒ 23C. DATE SIGNED *Nov. 26, 1951*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>7/20/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Ridge</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1951</i>	REGISTRAR'S SIGNATURE <i>William H. Hammer, Jr.</i>	25. FUNERAL DIRECTOR <i>Edward Morris Co. - Balto</i>	ADDRESS <i>942</i>

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THE UNIVERSITY OF CHICAGO
LIBRARY



623
51 10235BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10235
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Walter Proctor

2. DATE

OF
DEATH Nov. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Forest Hill (Rural)

D. STREET ADDRESS (If rural, give location)

Forest Hill, Maryland

6200

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

NOV 20 19 15 36

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Harford Co., Md.

13. FATHER'S NAME

EARL Proctor

14. MOTHER'S MAIDEN NAME

ZELLAH SCARBOROUGH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Dorothy Proctor Forest Hill Md

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Virus Pneumonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25/, 1951, to 11/26/, 1951, that I last saw the
deceased alive on 11/26/, 1951, and that death occurred at 11:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Coffey Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

11/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

1-28-51

24C. NAME OF CEMETERY OR CREMATORY

Shate Ridge

24D. LOCATION (City, town, or county)

Cardiff

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 26 1951

Martin S. Clark

Janet H. Clark
109a 2nd

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51 10236

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10236

1. NAME OF DECEASED (Type or Print) Nellie J. Fox			2. DATE OF DEATH 11-26-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION S. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4107 Sixth Street			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-1-95	9. AGE (In years last birthday) 56	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Sterling			14. MOTHER'S MAIDEN NAME Mary Mister		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital Records			ADDRESS		

18. 581.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Curious of Liver (B) Generalized Convulsion (C) Hemiplegia	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11/20, 1957, to 11/26, 1951, that I last saw the deceased alive on 11/26, 1951, and that death occurred at 6:45 a. m., from the causes and on the date stated above.		
23A. SIGNATURE J. C. Early	23B. ADDRESS St. Agnes	23C. DATE SIGNED 11/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-29-1951	24C. NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	24D. LOCATION (City, town, or county) (State) Somerset Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951	REGISTRAR'S SIGNATURE Ruth A. Williams	25. FUNERAL DIRECTOR H. Harvey Bradshaw	ADDRESS Crisfield, Md.

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240
51 10237BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10237

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William E. Elkins Keagle</i>		2. DATE OF DEATH <i>Nov. 25, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>Union Memorial Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12</i>	
Length of stay in Baltimore <i>55</i> ^{Yrs.} ^{Mos.} ^{Days}		D. STREET ADDRESS (If rural, give location) <i>3501 St. Paul.</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>April 20, 1896</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Distribution Chemist</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self Employed</i>	9. AGE (in years last birthday) <i>55</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>William A. Keagle</i>		14. MOTHER'S MAIDEN NAME <i>Katharine Elkins</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>Unknown</i>		16. SOCIAL SECURITY NO. <i>215-10-6900</i>	
		17. INFORMANT ADDRESS	

18. <i>162x 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Massive Intestinal Hemorrhage</i> DUE TO (B) <i>Gastric Carcinoma</i> DUE TO (C) <i>Carcinoma of Lung</i>	INTERVAL BETWEEN ONSET AND DEATH <i>? minutes</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Oct. 20</i> , 19 <i>51</i> , to <i>Nov. 25</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Nov 25</i> , 19 <i>51</i> , and that death occurred at <i>8</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>James A. Ford</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>11-25-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>11/28/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore</i>	
24D. LOCATION (City, town, or county) <i>Belts. Md.</i>		25. FUNERAL DIRECTOR <i>E. J. Fanning & Son - 1304 E. Belvedere Ave.</i>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 26 1951</i>		REGISTRAR'S SIGNATURE <i>William E. Elkins</i>			

AB-15387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10238

Registered No.

BIRTH NO.

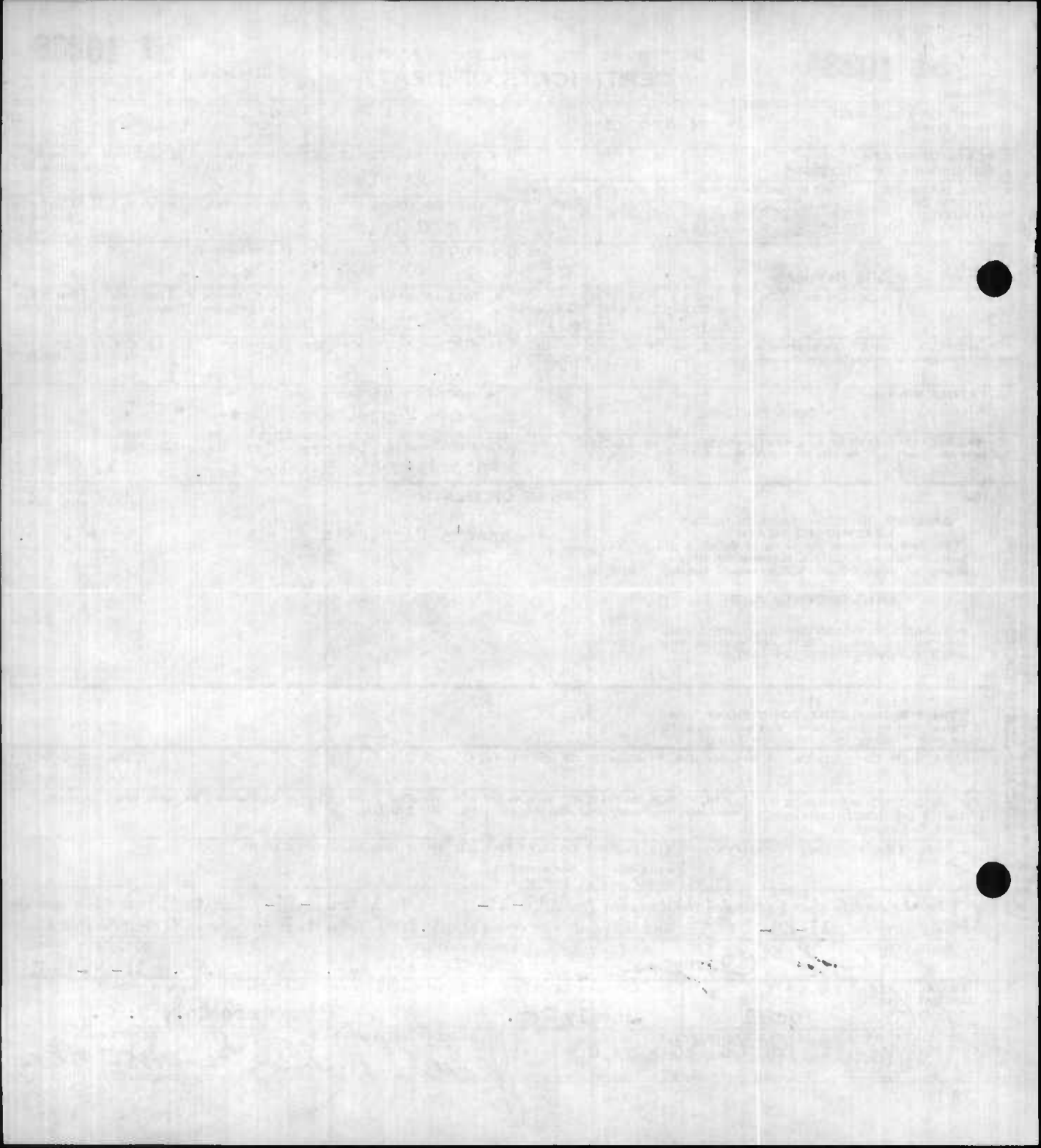
1. NAME OF DECEASED (Type or Print) Florence Brooks		2. DATE OF DEATH 11-25-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 31 Baltimore City Hospitals 4940 Eastern Ave.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF STAY IN BALTIMORE 9mos.		8. STREET ADDRESS (If rural, give location) 506 West Fayette St.	
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married (Separated)	12. DATE OF BIRTH May 26-1922
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. AGE (In years last birthday) 29	
15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country) N.C.	
17. FATHER'S NAME Joe Johnson		18. MOTHER'S MAIDEN NAME Anna Pappa (Papps)	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.		22. CITIZEN OF WHAT COUNTRY?	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Laennec's Cirrhosis		Over 1 mo.
(A) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-12, 1951, to 11-25, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 1.10 AM, from the causes and on the date stated above.

23A. SIGNATURE J. P. Rogers M. D. 23B. ADDRESS 4940 Eastern Ave., Baltimore, Md. 23C. DATE SIGNED 11-26-1951

24A. BURIAL, CREMATION, REMOVAL (Specify) 11/29/51	24B. DATE Burial	24C. NAME OF CEMETERY OR CREMATORY Family Cem.	24D. LOCATION (City, town, or county) (State) Wilkesboro Co., N. C.
DATE RECEIVED BY LOCAL REGISTRAR NOV 26 1951		REGISTRAR'S SIGNATURE <u>Thurston Williams, M.D.</u>	FUNERAL DIRECTOR <u>John C. Miller, Inc. - 2435 E. Oliver</u>



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **51 10239**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**CHARLES****KAMMER**2. DATE
OF
DEATH**Nov. 24, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Johns Hopkins Hosp**Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

717 N. ROSE ST 7-02

Length of stay in Baltimore

EX

M

6. COLOR OR RACE

W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
MARRIED

B. DATE OF BIRTH

1-9-1898

9. AGE (In years last birthday)

53

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST

10B. KIND OF BUSINESS OR INDUSTRY

MILLING MACHINES

11. BIRTHPLACE (State or foreign country)

BALTIMORE12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOHN KAMMER

(M)

14. MOTHER'S MAIDEN NAME

GENEVIEVE HILOE BRANDT15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-14-9632

17. INFORMANT

ADDRESS

ELENORA KAMMER 717 N. ROSE ST18. **4201**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CORONARY ARTERY SCLEROSIS

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dineen M.D.23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Nov 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

11-28-51

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county) (State)

BALTIMORE MDDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

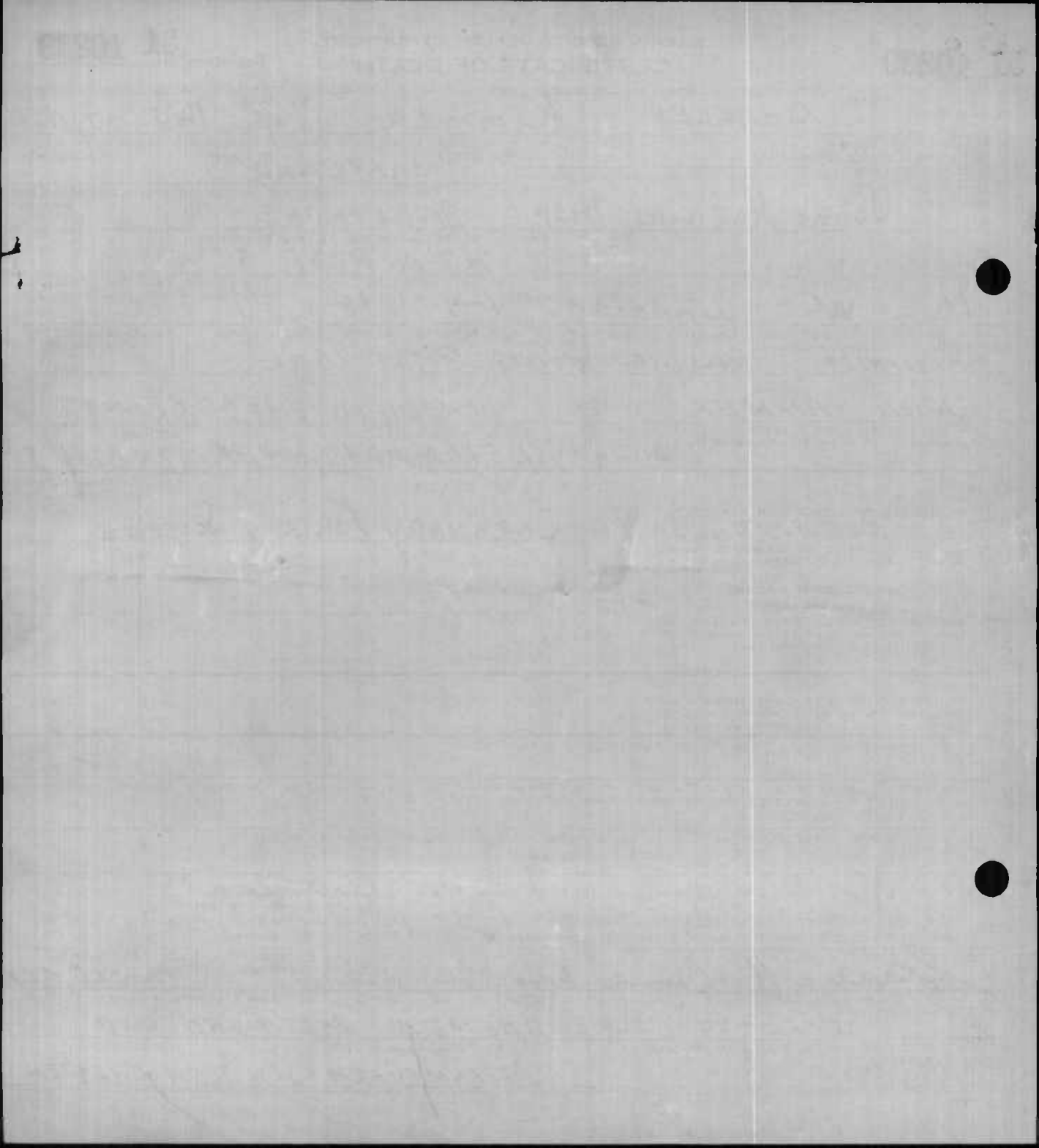
ADDRESS

NOV 26 1951**Frank Cvach & Son****FRANK CVACH & SON 900 N. CHESTER**

VS 151

54432

94a ✓



634
1 10240BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10240

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edgar L. Hurdle

2. DATE
OF
DEATH

11/24/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3043 ARUNAH AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3043 ARUNAH AVE

6. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington - D.C.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Hurdle

14. MOTHER'S MAIDEN NAME

Anna Humphrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

818-10-2998

17. INFORMANT

ADDRESS

P. C. Hurdle - Same

18.

581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cirrhosis of the liver

DUE TO

ANTECEDENT CAUSES

Generalized Arteriosclerosis

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 3, 1951, to Nov. 24, 1951, that I last saw the
deceased alive on Nov. 23, 1951, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Rupp

M. D.

23B. ADDRESS

3030 Edmondson Avenue

23C. DATE SIGNED

Nov. 26, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/27/1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. P. Whippert & Son 124 B

VS 150

763 74 1300 Eutaw Place - 07

012912 10

900

VALLEY
CONGRESS

1000000

1000000

U. S. A.

51 10241
230BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10241
Registered No.

BIRTH NO.

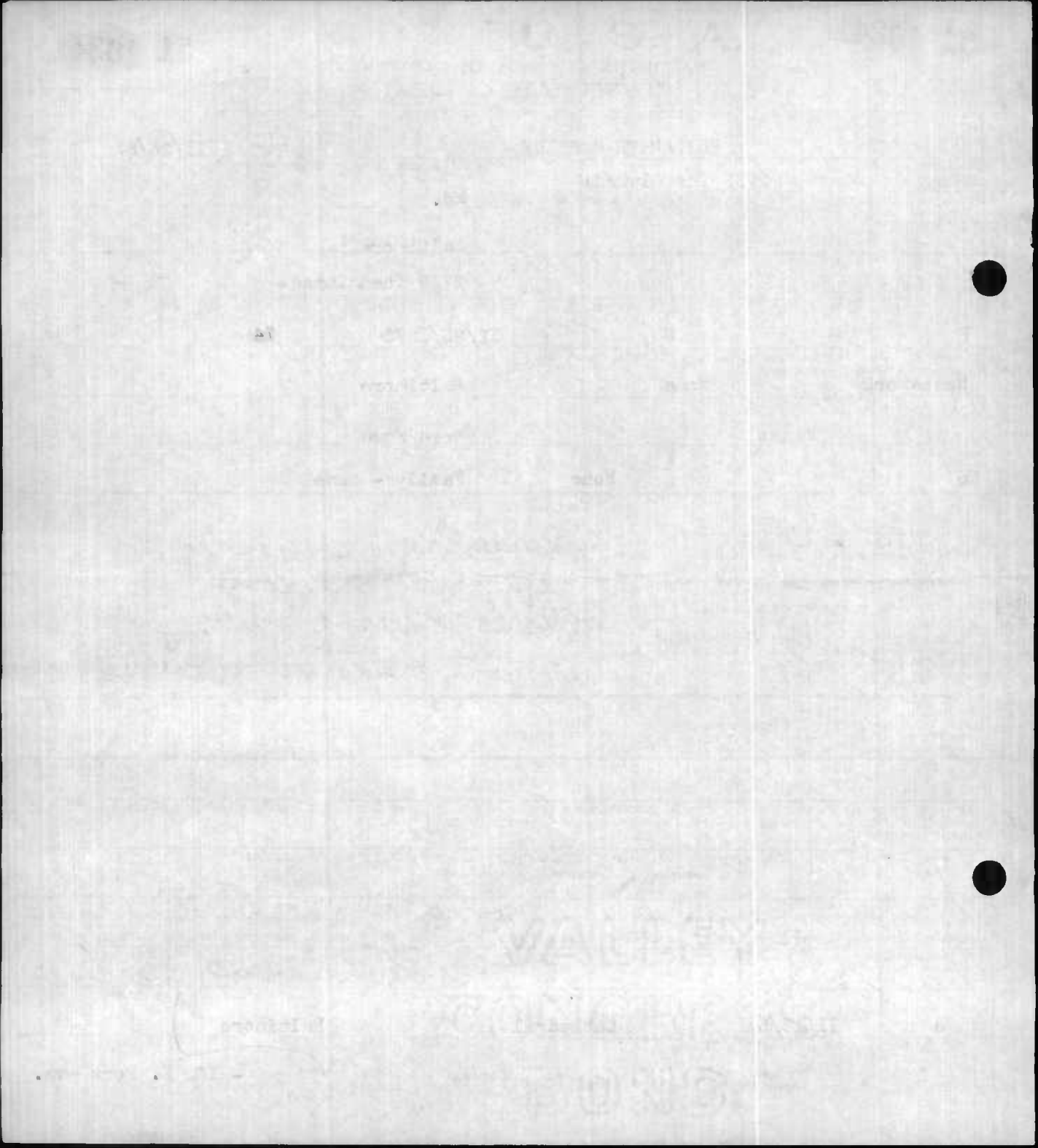
1. NAME OF DECEASED (Type or Print) ELIZABETH CASSIDY		2. DATE OF DEATH 11/25/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2739 The Alameda		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 7-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2739 The Alameda	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 12/25/1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James		14. MOTHER'S MAIDEN NAME Rose Foxe	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Family - Same		ADDRESS	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO Coronary sclerosis (B) Arterio-sclerosis Generalized DUE TO Arterio malnutrition + Sclerosis	INTERVAL BETWEEN ONSET AND DEATH
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 11/27/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 20, 1951 , to Nov 25, 1951 , that I last saw the deceased alive on Nov 24, 1951 , and that death occurred at m. from the causes and on the date stated above.					
23A. SIGNATURE Walter A. Anderson		23B. ADDRESS 3001 Shannon Drive (13)		23C. DATE SIGNED Nov 26-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 11/27/51		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR James L. Williams ADDRESS - 130 E. Fort Ave.			

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51 10242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10242
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EMMA O'MARA		2. DATE OF DEATH November 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 106 Diamond St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02	
Length of stay in Baltimore Unknown Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 106 Diamond Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9. AGE (In years last birthday) 80yrs If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Md	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Unknown	
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS William Omara. 106 Diamond St	

18. 4500 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized arteriosclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 27. 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Balto.		25. FUNERAL DIRECTOR James A. Hayes		ADDRESS 638 N. Gilmore ST	
DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, M.D.			

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RECEIVED
FEB 10 1950

U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

OFFICE OF THE ASSISTANT SECRETARY
FOR AGRICULTURAL MARKETING

WASHINGTON, D.C.

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51 10243BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10243
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK GERLACH

2. DATE
OF
DEATH

Nov. 24, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 520 S. CLINTON ST.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MD.

B. COUNTY

26-11

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

520 S. CLINTON ST.

Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 13, 1885

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

UNEMPLOYED LABORER CITY

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

VALENTINE GERLACH

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

214-03-5021A

17. INFORMANT

ADDRESS

MRS. HARRISON KELLER - SAME

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

28 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Arterio Sclerosis
myocardial damage
coronary disease

Unknown

DUE TO

(C)

Arterio Sclerosis

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Nov. 15, 1951, to Nov. 24, 1951, that I last saw the
deceased alive on Nov. 23, 1951, and that death occurred at 109 m., from the causes and on the date stated above.

23A. SIGNATURE

Philip Artigiani

M. D.

23B. ADDRESS

2942 E. Fayette St.

23C. DATE SIGNED

Nov. 26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-27-51

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEM.

24D. LOCATION (City, town, or county)

7225 EASTERN AVE.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 27 1951

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul A. Hermann 6067 HARFORD RD

21 JUNE 1963

21 JUNE 1963

21 JUNE 1963

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51-52051 10244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10244

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JOSHUA THOMAS		Nov. 4, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
		A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Provident Hospital		Baltimore 14-02			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
		No home			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Male	Colored			48?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
U		N		K	
13. FATHER'S NAME		K		14. MOTHER'S MAIDEN NAME	
K		N		O	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
O		W		N	

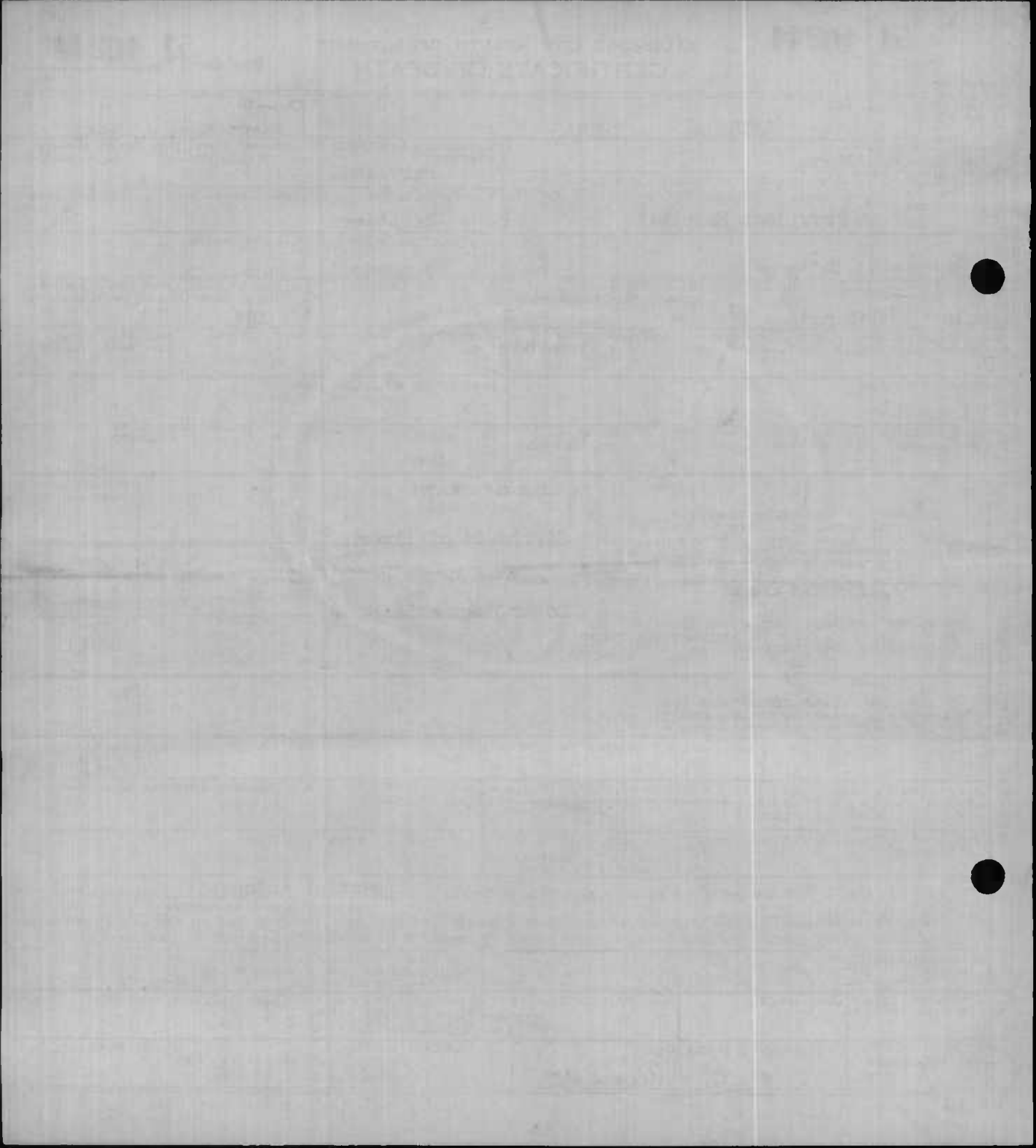
18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A)Cirrhosis of liver..... DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(B)Lobar pneumonia..... DUE TO	
(C)	
!! OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	23C. DATE SIGNED
<i>Stanley G. Dunder</i>	M.D.	Nov. 4, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
		24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
NOV 27 1951	<i>Wmington Williams, Jr.</i>	Commissioner of Health	



51 10245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10245
Registered No.

BIRTH NO. 51-27949

1. NAME OF DECEASED
(Type or Print)

Baby Boy

Mason

2. DATE

OF
DEATH

11-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes' Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3424 O'Donnell Street,

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Infant

8. DATE OF BIRTH

11-20-51

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ellsworth Mason

14. MOTHER'S MAIDEN NAME

Mildred Hamel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1951, to 11-25, 1951, that I last saw the
deceased alive on 11-25, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

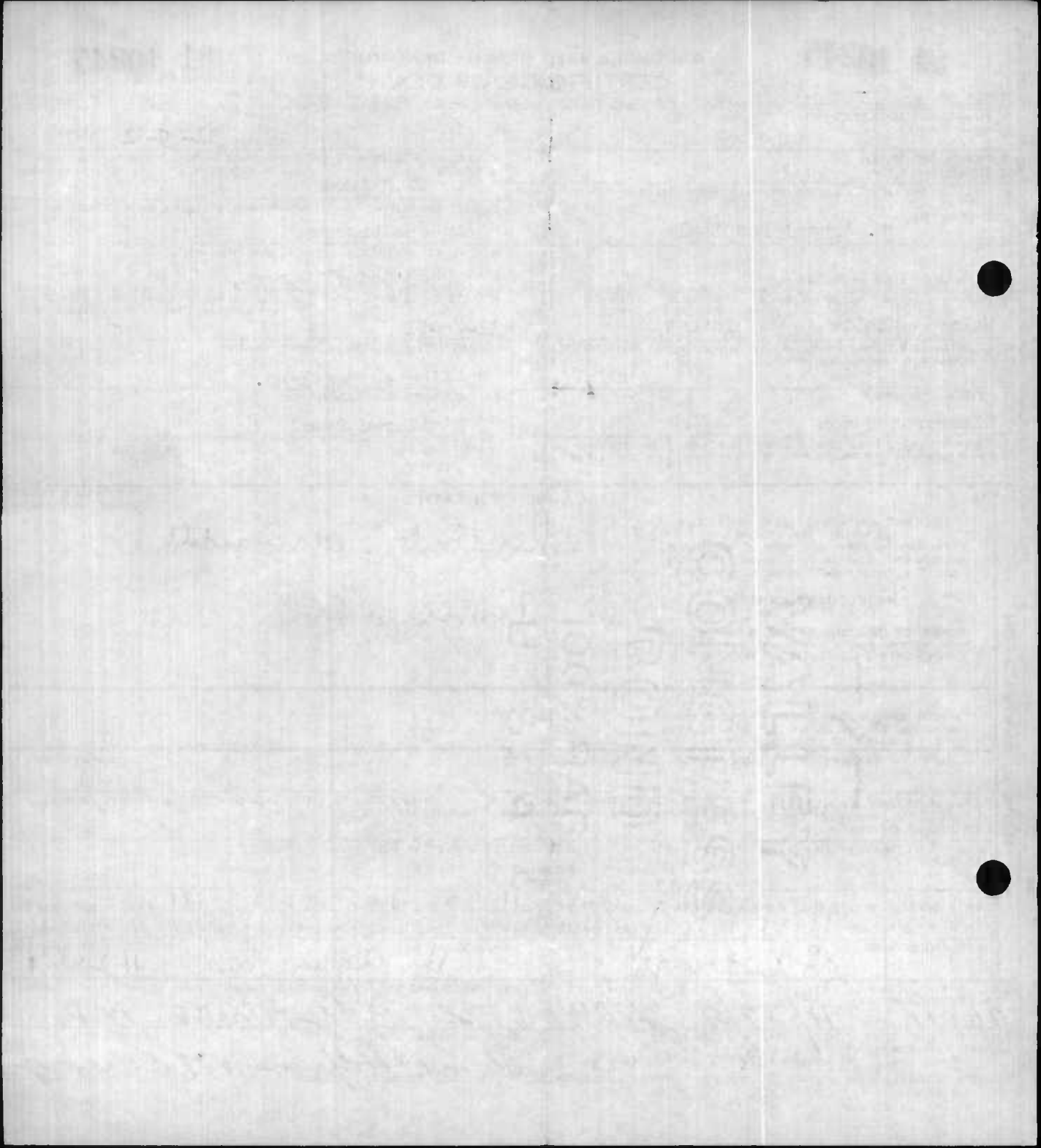
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



51 10246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10246

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA FISHMAN

2. DATE
OF
DEATH

11-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5103 Elmer Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

D. STREET ADDRESS (If rural, give location)

5103 Elmer Ave

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Israel

14. MOTHER'S MAIDEN NAME

Brandel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Fishman - Same

18.

199.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

metastatic carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

original source unknown

DUE TO

(C)

duration about 8 months

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Parkinsonism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 1951, to Nov. 26, 1951, that I last saw the deceased alive on Nov. 26, 1951, and that death occurred at 6-11 m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Seidel

23B. ADDRESS

2404 Eutaw Pl

23C. DATE SIGNED

11/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-27-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 27 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Jack Lewin 2100 Eutaw Pl

ADDRESS

Sealed

51 10247

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10247

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Tralinsky Sarah

2. DATE
OF
DEATH

11-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Levindale

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Levindale

C. Length of stay in Baltimore

60

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Meyer Tralinsky - 5116 Queensbury

18. 332x and E903.7

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

years

PRECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE (NUMBER 1) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Arteriosclerosis

years

(C) DUE TO

General Arteriosclerosis

years

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of pubic bone

1 week

Emphysema, Chronic bronchitis

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

11-21-51

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

Slipped & fell to floor

22. I hereby certify that I attended the deceased from January 16, 1948, to 11-26, 1951, that I last saw the
deceased alive on 11-26-51, 1951, and that death occurred at 7:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Gerome J. Blumbers

M. D.

23B. ADDRESS

Levindale Home

23C. DATE SIGNED

11-26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-27-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Eutan Rd

ADDRESS

VS 150

N-808.0

83B

MEDICAL CERTIFICATE

1911

1911

W. E. B. DUBOIS
1868-1919
FUND
1000
VALLEY



51 10248

Fried
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10248

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAVID, J. FRIED

2. DATE
OF
DEATH

11/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

Benevolence Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-19

D. STREET ADDRESS (If rural, give location)

1900 Bland Ave

Length of stay in Baltimore

14

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years last birthday)

67

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cantor, B'nai B'rith Synagogue

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lach

14. MOTHER'S MAIDEN NAME

Suzanne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Annie Fried - Home

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

HEPATIC COMA

DUE TO

ANTECEDENT CAUSES

(B)

LAENNEC'S CIRRHOSIS

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov 15, 1951 to Nov 26, 1951, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at 6P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

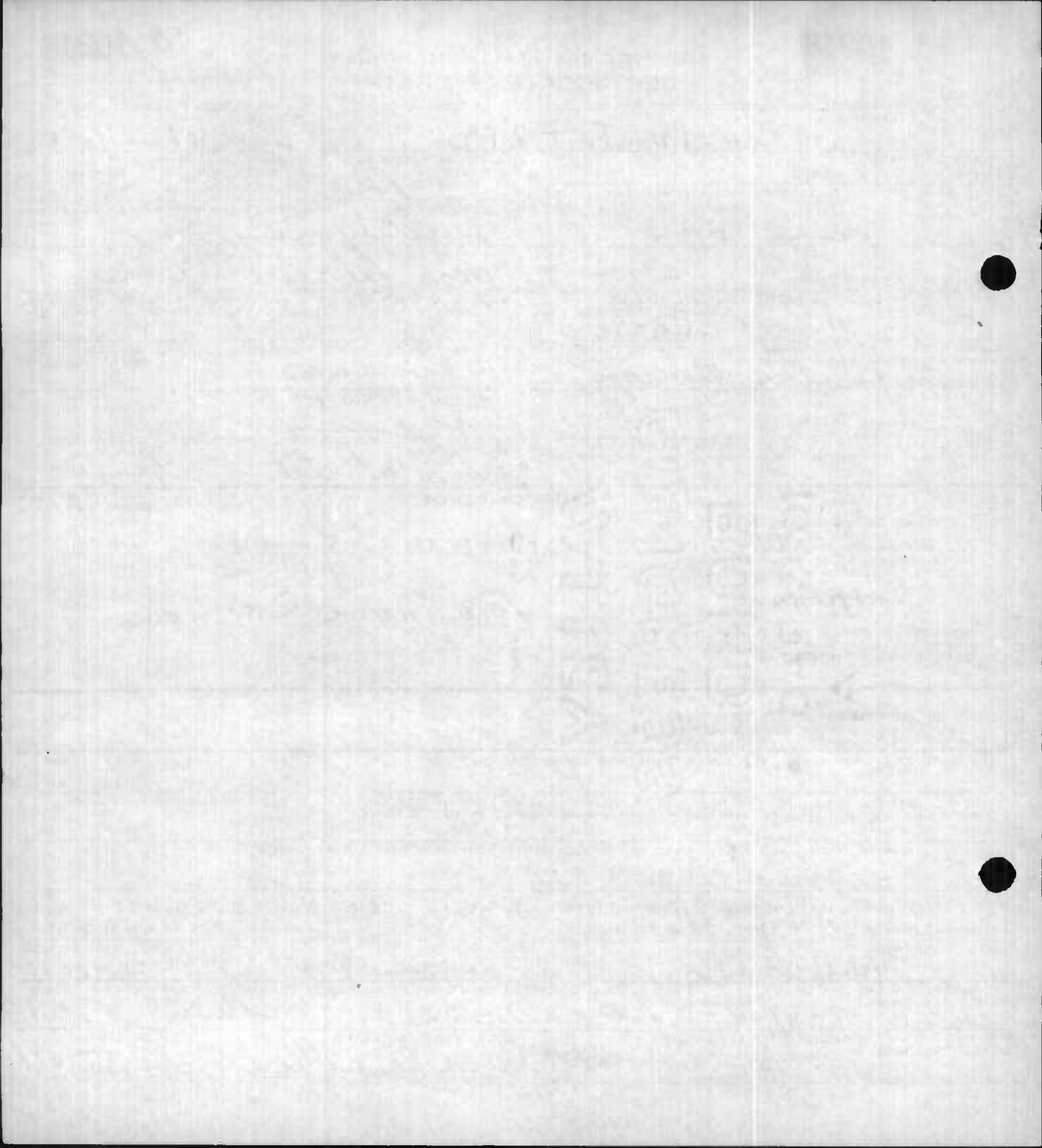
NOV 27 1951

VS 150

057 PW

1242

MEDICAL CERTIFICATION



51 10249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10249

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CAROLINE E. McCULLOUGH

2. DATE
OF
DEATH

Nov. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5007 Arabia Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5007 Arabia Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 11, 1860

9. AGE (in years
last birthday)

91

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Geo. W. Brumfield

14. MOTHER'S MAIDEN NAME

Caroline Butler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mary M. McCullough-5007 Arabia Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Hypertensive cardiovascular disease

About 5 Yrs.

(A)

DUE TO Coronary occlusion

1/2 day

ANTECEDENT CAUSES

Old age

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from April 50, to Nov. 25, 1951, that I last saw the
deceased alive on Nov. 24, 1951 and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23. SIGNATURE

M. D.

23B. ADDRESS

516 Cathedral St.

23C. DATE SIGNED

11/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/27/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

26 m. J. Dickens & Sons - Baltimore

VS 150

93D

1950

STATE OF TEXAS

1950



51 10250
534
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10250
Registered No.

1. NAME OF DECEASED (Type or Print) <i>James L. Rintoul</i>		2. DATE OF DEATH <i>11/25/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>12-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside of Baltimore, write RURAL and give township) <i>Baltimore</i>	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Hopkins Apt. Balto #18</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>May 2, 1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Exec. Vice Pres (rtd)</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Water & Power</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Scotland</i>		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
13. FATHER'S NAME <i>Robert M. Rintoul</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Lambert</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs. Louise B. Rintoul-Hopkins Apts.</i>		ADDRESS <i>-</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Coronary Thrombosis?</i>	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Arteriosclerotic Cardio-</i>	<i>?</i>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO <i>Diabetes</i>	<i>?</i>

19A. DATE OF OPERATION <i>11/25/51</i>	19B. MAJOR FINDINGS OF OPERATION <i>-</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>-</i>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>-</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>-</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>-</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>-</i>

22. I hereby certify that I attended the deceased from *11/24, 1951*, to *11/25, 1951*, that I last saw the deceased alive on *11/25, 1951*, and that death occurred at *8-10 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE
Anthony C. Verne MD

23B. ADDRESS
Maryland Gen. Hosp

23C. DATE SIGNED
11/25/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
11/28/51

24C. NAME OF CEMETERY OR CREMATORY
Green Mount Cem.

24D. LOCATION (City, town, or county) (State)
Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR
NOV 27 1951

REGISTRAR'S SIGNATURE
William J. Williams, M.D.

25. FUNERAL DIRECTOR
Wm. J. Siskner & Sons

ADDRESS
Balto 17, Md 61

2905F

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OFFICE OF THE SECRETARY OF THE ARMY

OFFICE OF THE SECRETARY OF THE ARMY

OFFICE OF THE SECRETARY OF THE ARMY



460
51 10251BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10251

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FREDERICK CECIL HILLEARY			2. DATE OF DEATH Nov. 26, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 4614 York Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4614 York Road			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 25, 1878	9. AGE (In years, last birthday) 72	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Finisher			10B. KIND OF BUSINESS OR INDUSTRY Antique Dealer-Self		
11. BIRTHPLACE (State or foreign country) West Virginia			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME William H. Hilleary			14. MOTHER'S MAIDEN NAME Mary E. Hart		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT Family Records			ADDRESS		

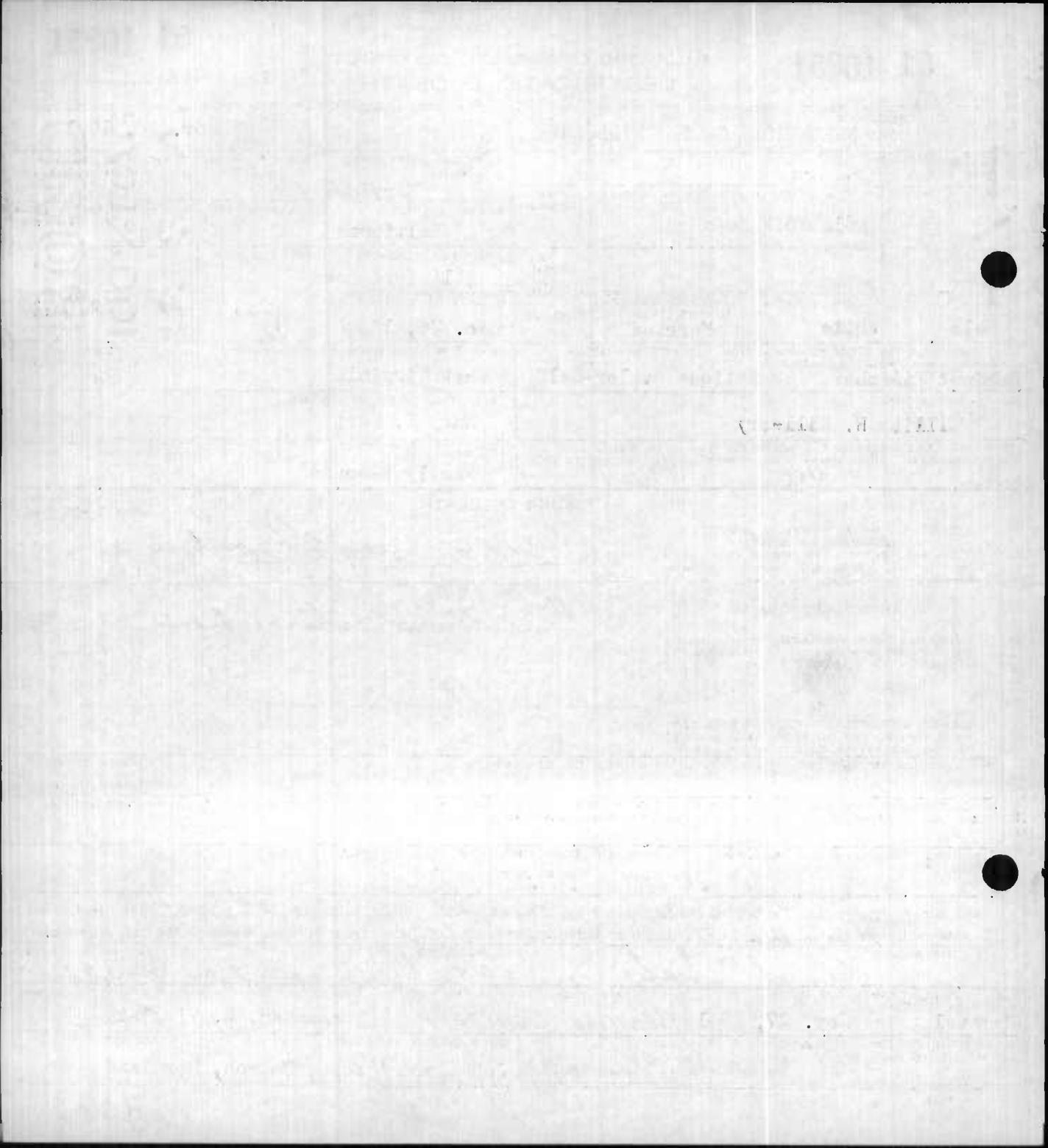
18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Conusclized Arteriosclerosis DUE TO 10 yrs.	INTERVAL BETWEEN ONSET AND DEATH 2 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION Nov. 24, 1951	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 24, 1951**, to **Nov. 26, 1951**, that I last saw the deceased alive on **Nov. 26, 1951**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Lloyd E. Saylor	23B. ADDRESS 3982 Greenmount Ave.	23C. DATE SIGNED Nov. 27, 1951
--	---	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE Nov. 27, 1951	24C. NAME OF CEMETERY OR CREMATORY HEAVNER CEMETERY	24D. LOCATION (City, town, or county) (State) Buchanan, W. Virginia
DATE RECEIVED BY LOCAL REGISTRAR Nov 27 1951	REGISTRAR'S SIGNATURE Wm. Williams, M.D.	25. FUNERAL DIRECTOR John Burns' Sons	ADDRESS Towson, Maryland



51 10252

51 10252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CATHERINE M. PHELAN		2. DATE OF DEATH NOV. 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION N. 940 FRANKLINTOWN ROAD		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-06	
c. Length of stay in Baltimore LIFE Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 940 FRANKLINTOWN ROAD	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 4/25/1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME		10B. KIND OF BUSINESS OR INDUSTRY HOME	
13. FATHER'S NAME LEWIS HAHN		14. MOTHER'S MAIDEN NAME MARTHA SHEIRY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT MR. HARRY H. PHELAN		ADDRESS 1063 ELLICOTT DRIVE	

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 weeks
DUE TO (A) _____		
DUE TO (B) _____		
DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		

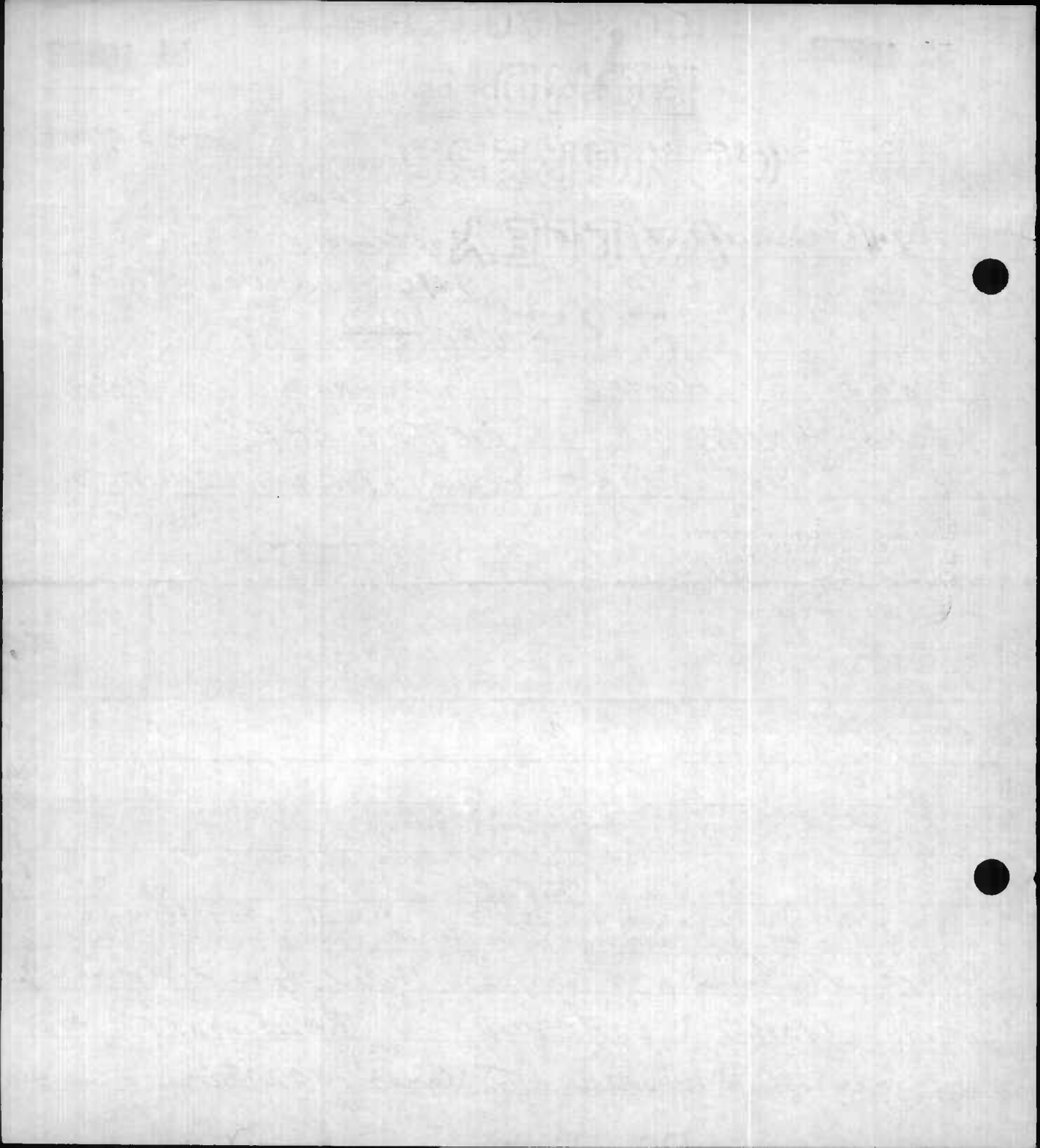
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **10-14**, 19**51**, to **11-25**, 19**51**, that I last saw the deceased alive on **11-24**, 19**51**, and that death occurred at **10-30** a. m., from the causes and on the date stated above.

23A. SIGNATURE Sam Coleman	23B. ADDRESS M. D. 1201 Pyral Ave St	23C. DATE SIGNED 11-26-51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 11/28/51	24C. NAME OF CEMETERY OR CREMATORY LORRAINE
24D. LOCATION (City, town, or county) (State) BALTIMORE MD.		

DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1951	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR J. T. Stansbury	ADDRESS 2700 Edmondson Ave.
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MEDICAL CERTIFICATION



250

51 10253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10253

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Bayer McCann.

2. DATE
OF
DEATH

Nov. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

6401 Rosemont Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baito. 27-05

D. STREET ADDRESS (If rural, give location)

6401 Rosemont Ave

C. Length of stay in Baltimore

30 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed.

8. DATE OF BIRTH

April-10-1888

9. AGE (In years last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Millinery

10B. KIND OF BUSINESS OR INDUSTRY

OWN. business

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bayer

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Irma Folger 6401 Rosemont Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Acute nephritis

3 weeks

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension C. V. disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1951, to Nov 26, 1951, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles E. MacMahon

23B. ADDRESS

2400 E. Belton St.

23C. DATE SIGNED

Nov 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/29/51

24C. NAME OF CEMETERY OR CREMATORY

Baito. Natl. Cem.

24D. LOCATION (City, town, or county) (State)

Baito. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 27 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Larsahn Funeral Home 7401 Belair Rd.

VS 150

250 4G

93D

MEDICAL CERTIFICATION

Dr. MacMINN

10,7011-44.

2900 E. Balto. St.

-650
51 10254BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10254

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jessie Green

2. DATE
OF
DEATH

11.24.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

Balto. 16-23

D. STREET ADDRESS (If rural, give location)

1722 Herlem Ave

Length of stay in Baltimore

5. SEX

Fe

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

10.14.1896

9. AGE (In years
last birthday)

53

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Anne

11. BIRTHPLACE (State or foreign country)

Keyserville, Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Morgan Petus

14. MOTHER'S MAIDEN NAME

Margaret Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sophie P. Green, Sr.

ADDRESS

1722 Herlem Ave.

18. 592X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chr. Cong. Heart Failure

DUE TO

(C)

Chr. Nephritis

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10.17. 1951, to 11.24. 1951, that I last saw the
deceased alive on 11.24. 1951, and that death occurred at 7:55 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Leoniondakis

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

11.26.51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov. 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Balt. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Hulland Funeral Home

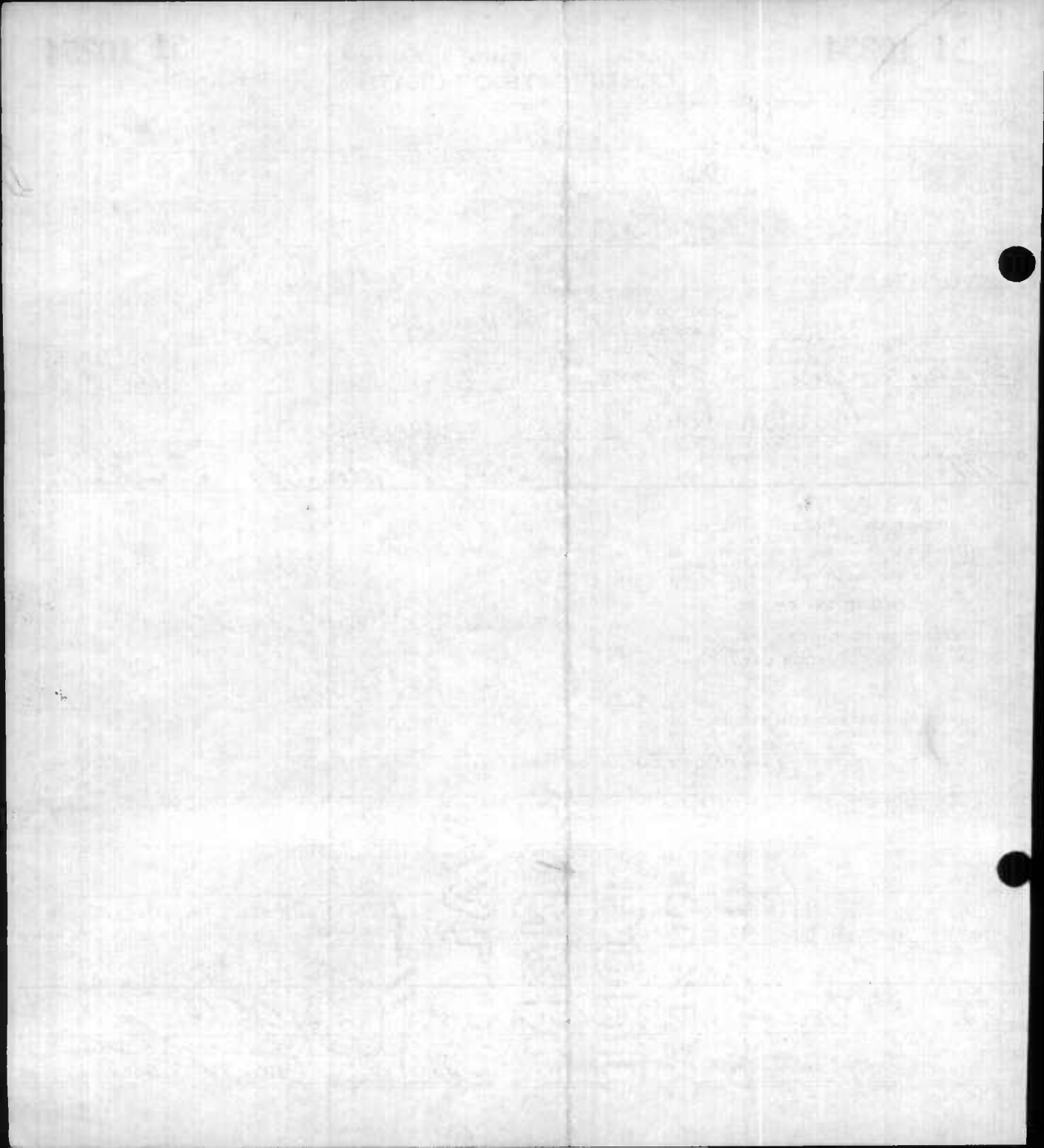
ADDRESS

1631 Druid Hill Ave.

NOV 27 1951
VS 150

131 B

MEDICAL CERTIFICATION



620

nr

429

VALLEY
CAMP 1923
E. D. D.
CAMP 1923

560 Room
acc. 51 10256

BALTIMORE CITY HEALTH DEPARTMENT

51 10256

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Arthur J. Payne

2. DATE
OF
DEATH

11-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1634 Ashland Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Apr. 14, 1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Payne

14. MOTHER'S MAIDEN NAME

Francis Hopkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intracerebral hematoma?

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

hypertension

(over)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

24 Nov. 51

Arteriosclerosis, right intracerebral mass.

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 24, 1951 to 50 p.m., 1951, that I last saw the
deceased alive on 24 Nov., 1951, and that death occurred at Johns Hopkins Hospital on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

66399

83a

See Document File 51 10256

Query result ?

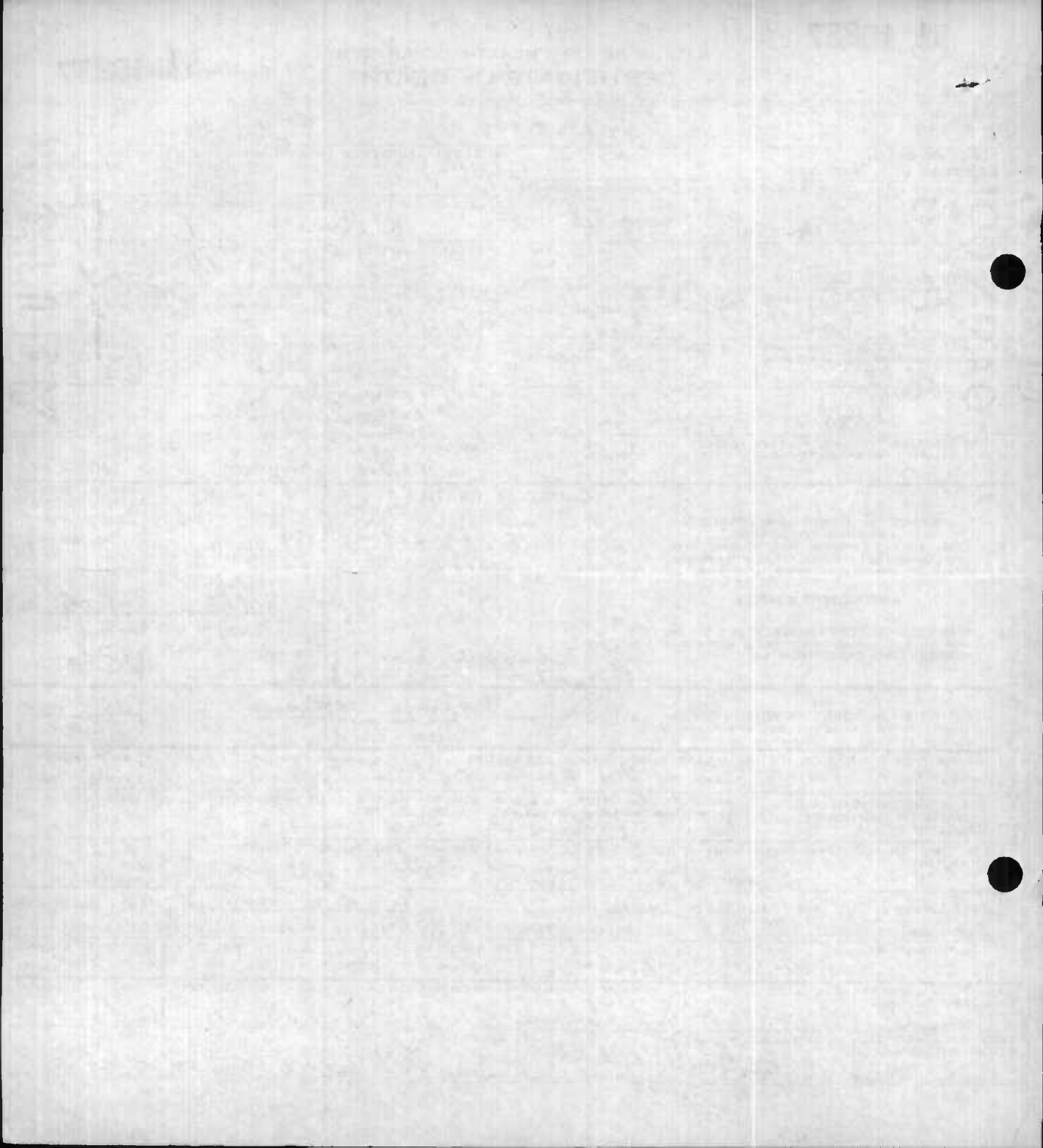
12/6/51 ES

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BIRTH NO. 6-70510

1. NAME OF DECEASED (Type or Print) Rosalie Johnson		2. DATE OF DEATH 11-24-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 17-0-3	
5. LENGTH OF STAY IN BALTIMORE 4 Yrs. 9 Mos. 13 Days		6. STREET ADDRESS (If rural, give location) 532 Brune St	
5. SEX F	6. COLOR OR RACE Col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Feb 11, 1947
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10B. KIND OF BUSINESS OR INDUSTRY child	
11. BIRTHPLACE (State or foreign country) Baltimore md		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Langford Copper		14. MOTHER'S MAIDEN NAME Sylvia Johnson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Nellie Johnson		ADDRESS 532 Brune St	

18. E 916.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) surgical shock DUE TO		INTERVAL BETWEEN ONSET AND DEATH few moments
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) 3rd degree burns, trunk, lower extremities, arms, neck, face DUE TO (C) toxemia, septicemia, anemia		CERTIFICATION APPROVED BY William H. Smith M.D. OR ASST. MEDICAL EXAMINER 18 days
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		10 days 2 wks
21A. DATE OF OPERATION 11-16-51; 11-24-51	21B. MAJOR FINDINGS OF OPERATION burns as noted: dressings changed some slough removed; etc.	22. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
23A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	23B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home: 532 Brune St	24. WHERE DID INJURY OCCUR? 532 Brune St.
25. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-6-51 12 noon	26. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	27. HOW DID INJURY OCCUR? clothes caught fire while playing near stove
28. I hereby certify that I attended the deceased from 11-6 , 19 51 , to 11-24 , 19 51 , that I last saw the deceased alive on 11-24 , 19 51 , and that death occurred at 1:10 P.m. , from the causes and on the date stated above.		
29A. SIGNATURE John R. Hankins	29B. ADDRESS University Hospital Balto-1, md	29C. DATE SIGNED 11-24-51
30A. BURIAL, CREMATION, REMOVAL (Specify) Burial	30B. DATE 11/28/51	30C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Ann.
30D. LOCATION (City, town, or county) (State) A.A. County Md.	31. DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1951	32. REGISTRAR'S SIGNATURE Wilmington Williams
33. FUNERAL DIRECTOR Chas. H. Harper	34. ADDRESS 512 Carver Ave	



51 10258
264BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10258
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pressley James Cockrell

2. DATE
OF
DEATH

11-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

518 Baker St.

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Married
Self

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

1948

9. AGE (In years last birthday)

75 yr

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

VA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wife, Gurdito, 518 Baker St.

18. 442 X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Cardio, Vascular, Renal disease.

DUE TO

(B) Rt. Leg. Infectious Ulcer. metastatic

DUE TO

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1 - 5, 1951, to Nov 25, 1951, that I last saw the deceased alive on 11-23, 1951, and that death occurred at 2:22 m., from the causes and on the date stated above.

23A. SIGNATURE

W R Boykin

M. D.

23B. ADDRESS

1133 N. Monroe

23C. DATE SIGNED

11/25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11/29/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

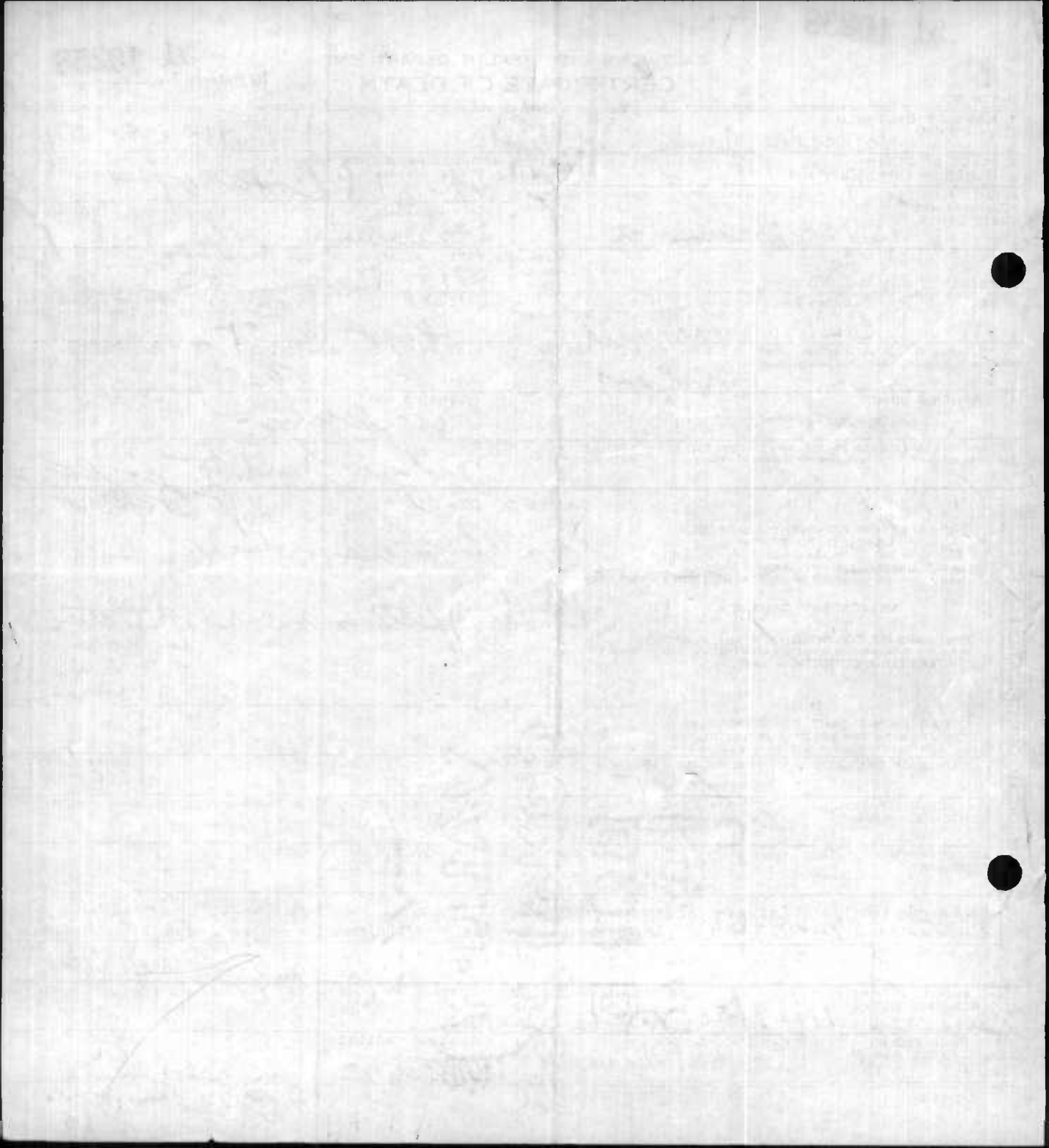
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Metropolitan Funeral Home

4944 Edmondson Ave
131a



35 51 10259

51 10259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) <i>Mary T. Goldman</i>		2. DATE OF DEATH <i>11/24/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) <i>St. Paul Convalescent Home</i> <i>2305 St. Paul St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
D. STREET ADDRESS (If rural, give location) <i>1008 Hillman St. 10-01</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12/10/1883</i>
9. AGE (In years last birthday) <i>67</i>		10. UNDER 1 Year Months: <i>11</i> Days: <i>14</i>	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Alfred Tulley</i>		14. MOTHER'S MAIDEN NAME <i>Nanniet Knight</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>219-05-5590</i>	
17. INFORMANT <i>Howard Sanderson</i>		ADDRESS <i>3005 Barclay St.</i>	
18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congestive Heart</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 to 3 months</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Malnutrition + Arteriosclerosis</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Ulcer of lower leg</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION <i>—</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1949</i> , to <i>present</i> , 19____, that I last saw the deceased alive on <i>11/23</i> , 19 <i>51</i> , and that death occurred at <i>3:30</i> a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Leah Tranggott</i>		23B. ADDRESS <i>1613 E. Avenue</i>	
23C. DATE SIGNED <i>11/27/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>11/28/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>OV 27 1951</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc. 1217 St. Paul St.</i>	
REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		ADDRESS	

MEDICAL CERTIFICATION

23-10-1962

R-320

MK-II0597

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10260
Registered No.

BIRTH NO.

51 10260

1. NAME OF DECEASED (Type or Print) Bishop Rhodes			2. DATE OF DEATH II-26-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. LENGTH OF STAY IN BALTIMORE Life			6. STREET ADDRESS (If rural, give location) 4940 Eastern Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-16-1888		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ward Rhodes			14. MOTHER'S MAIDEN NAME Sadie Cooper		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMATION Baltimore City Hospitals Records: 4940 Eastern Ave.		

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. 7442 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Dystrophia Myotonica DUE TO (DYSTROPHIA)	INTERVAL BETWEEN ONSET AND DEATH 4 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Bilateral Broncho pneumonia DUE TO (C) Acute left ventricular failure	5 days 48 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 51-12-47 , 19 51 , to II-26- , 19 51 , that I last saw the deceased alive on II-26- , 19 51 , and that death occurred at 7:45 Am. , from the causes and on the date stated above.					
23A. SIGNATURE J. D. Bogan		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED II-26-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/28/51	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Parkville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR NOV 27 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul Street

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635
51 10261BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10261
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Esther FREUDENTHAL

2. DATE
OF
DEATH

11/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

6 years

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

August 11, 1910

9. AGE (In years last birthday)

41

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

New York, New York

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

David Jacobs

14. MOTHER'S MAIDEN NAME

Rose Brunner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Kurt Freudenthal-4507 Springdale Ave.

18. 170x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of B. Breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

c. Generalized Metastases

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/22, 1951, to 11/27, 1951, that I last saw the deceased alive on 11/26/51 and that death occurred at 8:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Elmer B. Bergart

M. O.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

11/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/28/51

24C. NAME OF CEMETERY OR CREMATORY

Mount Ararat Cemetery

24D. LOCATION (City, town, or county)

Long Island, New York

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

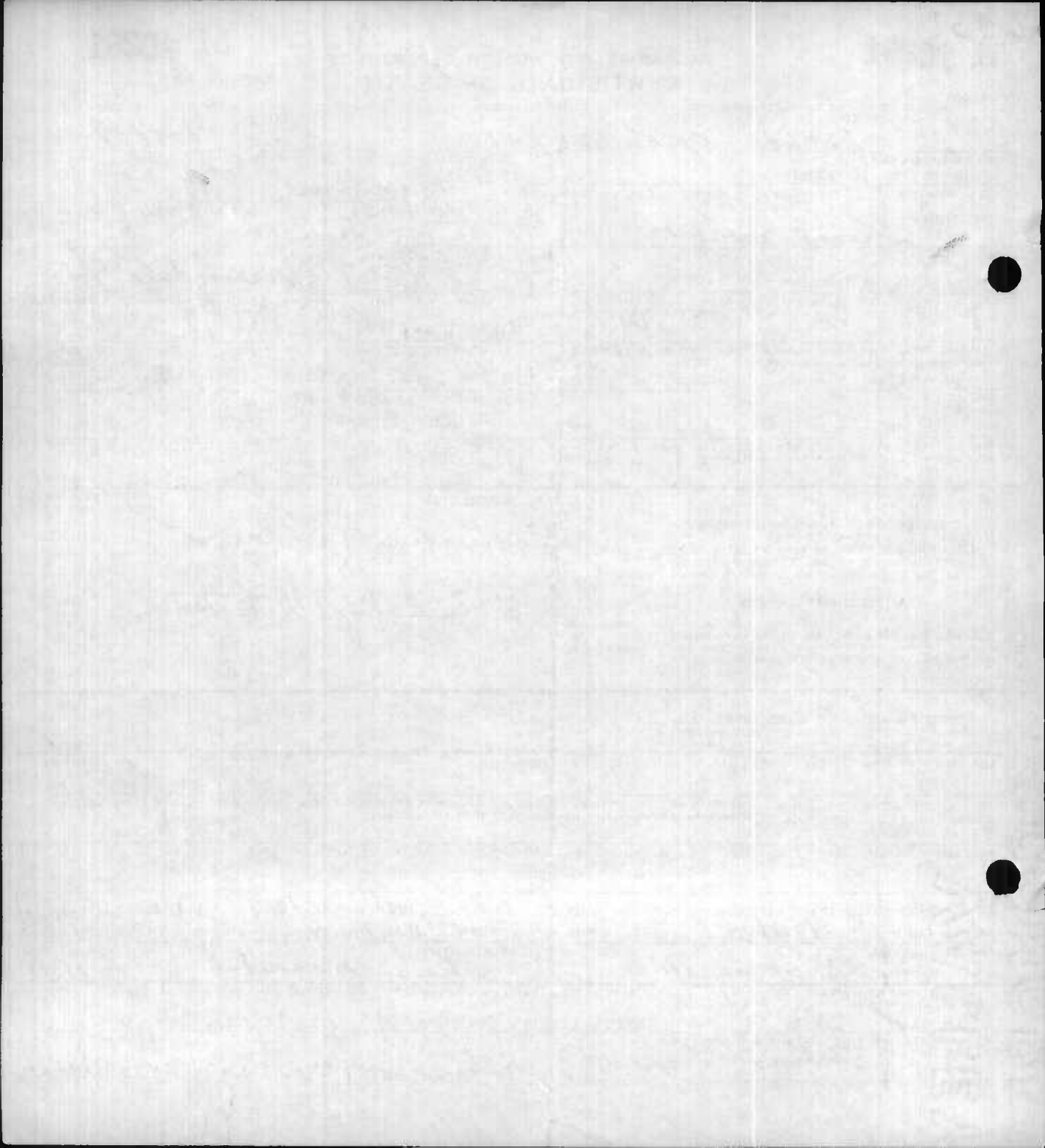
REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson & Bros. 1124 W. North Avenue



51 10262

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10262

Registered No.

1. NAME OF DECEASED
(Type or Print)

JESSE LEERENNO

2. DATE
OF
DEATH

Nov 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL 1

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

PENNA.

V-25

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BELLE VILLE PA.

D. STREET ADDRESS (If rural, give location)

BELLEVILLE PA.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-23-07

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MILLER

10B. KIND OF BUSINESS OR
INDUSTRY

FLOUR+FEED

11. BIRTHPLACE (State or foreign country)

BELLEVILLE - PA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH J-RENNO

14. MOTHER'S MAIDEN NAME

MARY PEACHEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No -

16. SOCIAL
SECURITY NO.

183-09-8363

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 196 x 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Chondro-sarcoma, widely
metastatic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 10-8-1951 to 11-27-1951, that I last saw the
deceased alive on 11-27-1951, and that death occurred at 6:59 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John B. Wroughs

M. D.

23B. ADDRESS
JOHNS HOPKINS HOSPITAL23C. DATE SIGNED
11/27/5124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Nov-29-51

24C. NAME OF CEMETERY OR CREMATORY

BELLEVILLE

24D. LOCATION (City, town, or county)

BELLEVILLE PA.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

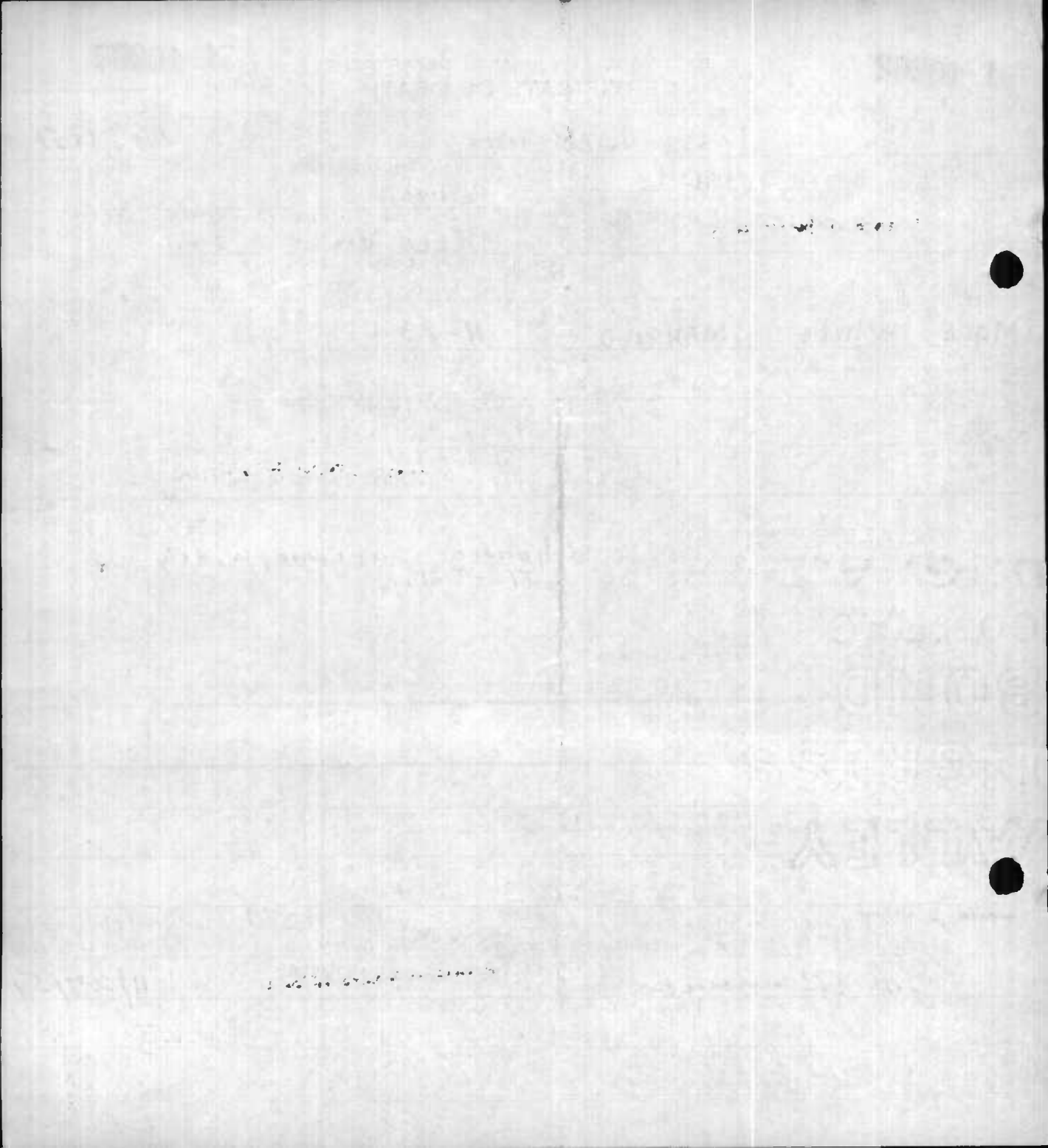
E. E. Worth Pymacost

VS 150

690 43

5118 Luyck Ave.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10263
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CATHERINE NOLAN

2. DATE
OF
DEATH

11-26-51

3. PLACE OF DEATH:

A. **Baltimore City, Maryland** **SINAI HOSPITAL**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION **SINAI HOSPITAL BALTO**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **3017 SPAULDING AVE.** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO. MD 22-17

D. STREET ADDRESS (If rural, give location)
SAME

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

02/26/1889

9. AGE (In years last birthday)

62

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

HOUSEWIFE

11. BIRTH PLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Reuwer.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NOT KNOWN

17. INFORMANT

ADMISSION

ADDRESS

RECORD

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **SHOCK**

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

24 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **SUPERIOR MESENTERIC THROMBOSIS**

DUE TO

5 day.

(C) **HYPERTENSIVE CARDIOVASCULAR DISEASE**

15 hr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-23-51

19B. MAJOR FINDINGS OF OPERATION

INFARCTION OF INTESTINE

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

NO

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

HOME

21C. WHERE DID INJURY OCCUR?

HOME

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

NONE

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

NONE

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from **Nov. 22, 1951**, to **Nov. 26, 1951** that I last saw the deceased alive on **Nov. 26, 1951** and that death occurred at **5:02 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Erwin A. Colm

23B. ADDRESS

SINAI HOSPITAL BALTIMORE

23C. DATE SIGNED

11-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 29/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

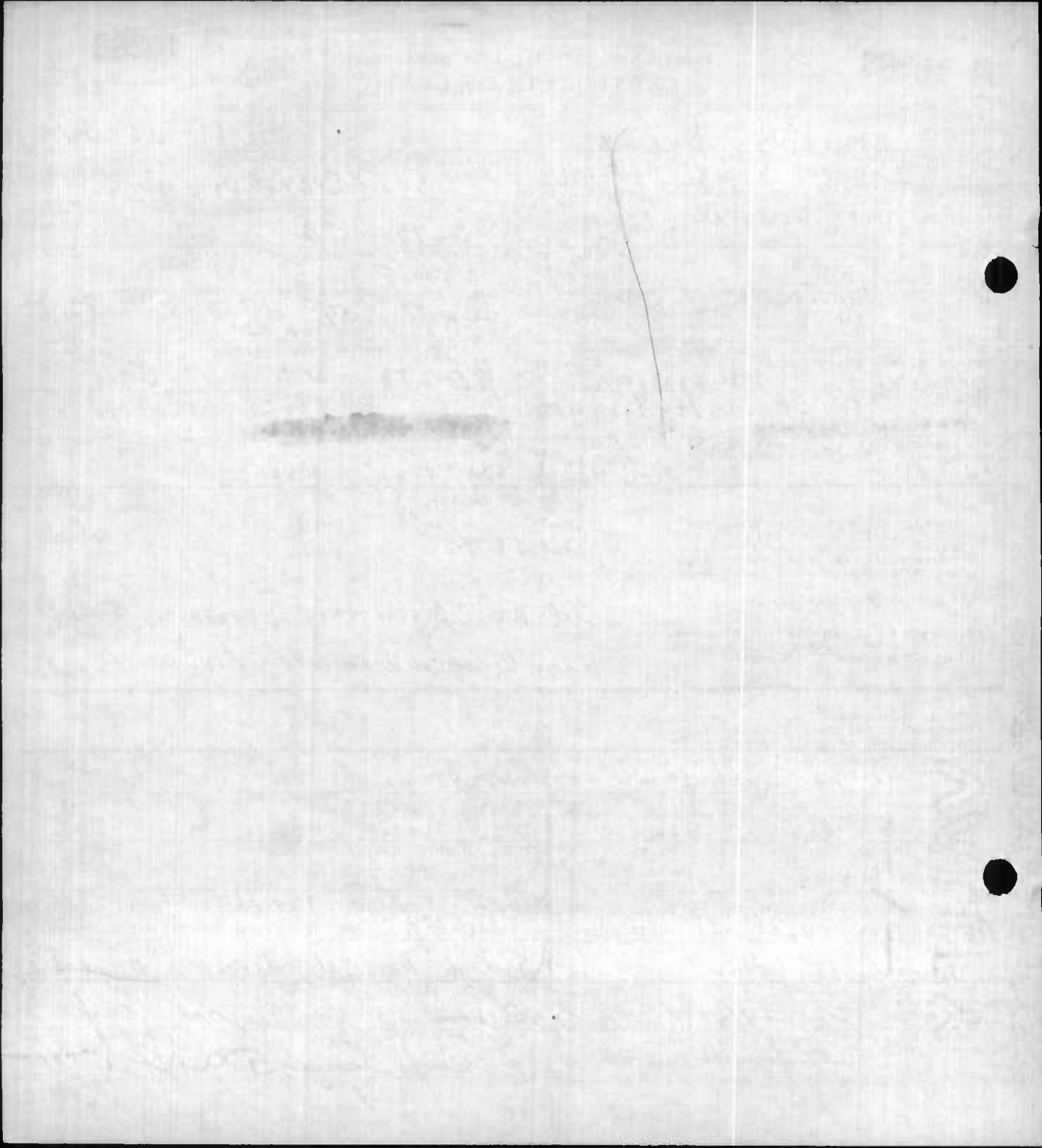
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Erwin A. Colm

25. FUNERAL DIRECTOR

Loring Myers 5005 The Heights Ave



613
51 10264

51 10264

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) HENRY KRAFT		2. DATE OF DEATH Nov. 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 613 N. Robinson St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 613 N. Robinson St. 7-01	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 20, 1877 74
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired machinist		9. AGE (In years last birthday) 74 If Under 1 Year: Months: Days: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME George Kraft		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME Unknown	
16. SOCIAL SECURITY NO. 213-01-3376		17. INFORMANT ADDRESS Mamie Kraft, wife, above	
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior-pelvic Cardiac - Proximal - Atrial Fibrillation		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION no		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from October 1st, 1951 , to Nov. 26, 1951 , that I last saw the deceased alive on Nov. 26, 1951 , and that death occurred 2:45 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE James J. White		23B. ADDRESS 422 Eastern Ave. Baltimore 21 Md.	
23C. DATE SIGNED 11/27/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 28, 1951	
24C. NAME OF CEMETERY OR CREMATORY Western Cemetery		24D. LOCATION (City, town, or county) (State) Edmondson & Longwood, Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR William Williams, Jr.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

MEDICAL CERTIFICATION

1000-10-1000-10

1000-10-1000-10

1000-10-1000-10

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1000-10-1000-10

460
51 10265BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10265

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM A. MILLER		2. DATE OF DEATH 11-25-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 408 ROSECROFT TERRACE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 20-08	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 408 ROSECROFT TERRACE	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 16, 1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10B. KIND OF BUSINESS OR INDUSTRY B.O. CO.	9. AGE (In years last birthday) 62
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME WM. F. MILLER		14. MOTHER'S MAIDEN NAME MARY BOTHE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES W.W. # I		16. SOCIAL SECURITY NO.	
17. INFORMANT JAMES J. Kuebler - 420 Rosecroft Terrace		ADDRESS	

18. 420 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH —
--	--

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to 11/25, 1951, that I last saw the deceased alive on 11/23, 1951, and that death occurred at 8:08 m., from the causes and on the date stated above.

23A. SIGNATURE <i>W. H. C. Smith</i>	23B. ADDRESS <i>4209 Henderson Ave</i>	23C. DATE SIGNED <i>11/26/51</i>
---	---	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11-29-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>
--	------------------------------	---	---

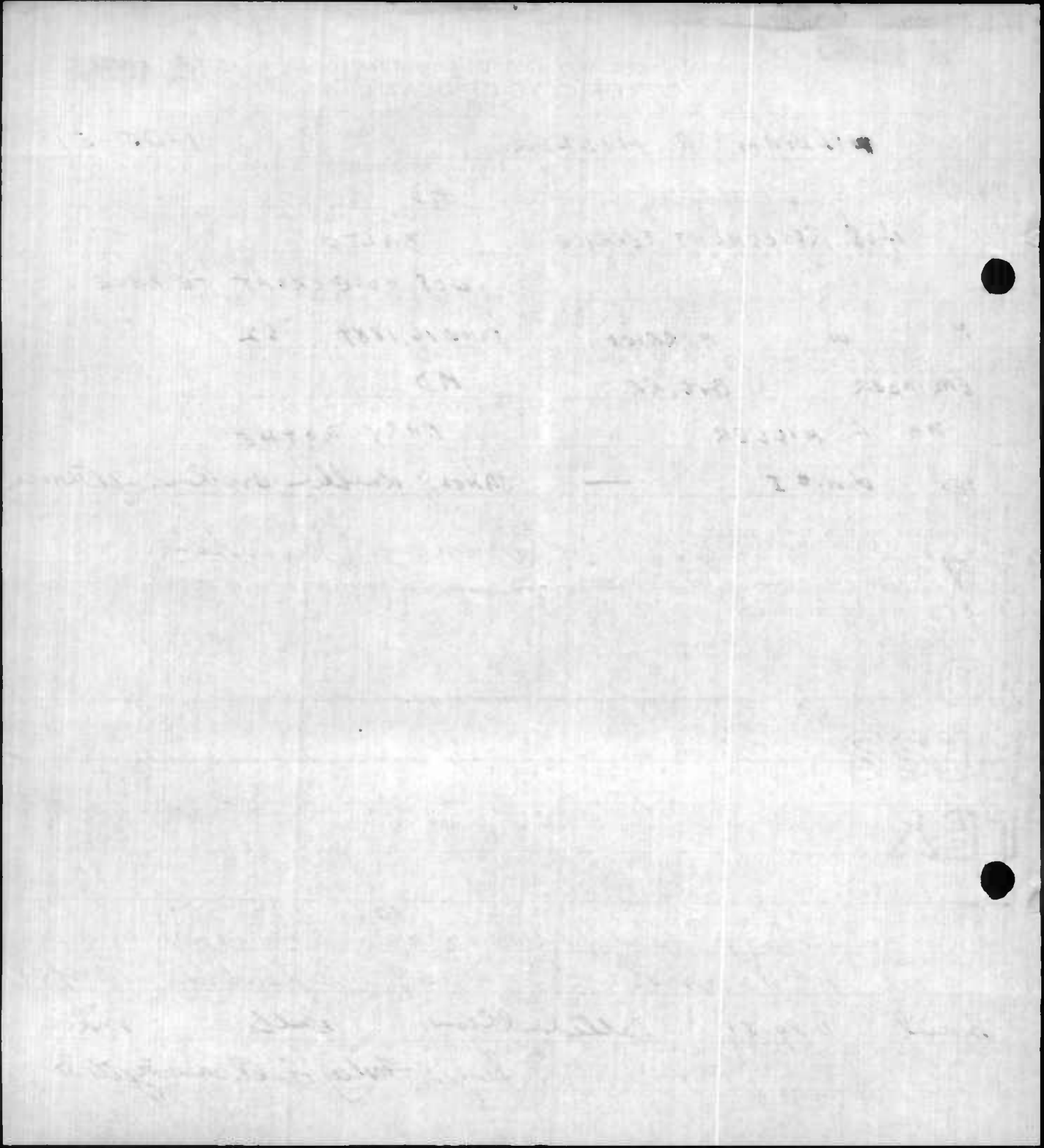
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 27 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. F. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Serge O. Freely</i>	ADDRESS <i>Fulton and Light St</i>
--	---	--	---------------------------------------

VS 150

541 50

94a

MEDICAL CERTIFICATION



51 10266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10266

Registered No.

BIRTH NO. 51-2775-3

1. NAME OF DECEASED
(Type or Print)

Booth "Baby Boy"

2. DATE
OF
DEATH

Nov 27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HLH-PN

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

HOSPITAL OR INSTITUTION: JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

25-05

D. STREET ADDRESS (If rural, give location)

3745 Tenth St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

MALE

White

SINGLE

11-26-51

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

MARYLAND

13. FATHER'S NAME

Thursey Booth

14. MOTHER'S MAIDEN NAME

PATRICIA MALONE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

1 day

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 11-26-1951, to Nov 27, 1951, that I last saw the
deceased alive on Nov 27, 1951, and that death occurred at 5:59 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Kauer

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

11-28-1951

Loudon Park

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 27 1951

J. H. Kauer

John A. Moran

3000 E. Baltimore St.

51 10267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10267

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELIZABETH GANZHORN

2. DATE
OF
DEATH

Nov. 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2303 BECKS LANE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 20-04

D. STREET ADDRESS (If rural, give location)

2303 BECKS LANE

Length of stay in Baltimore

70 YRS.

5. SEX

FEMALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

August 9, 1872

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mrs. Joseph Flint 308 S. Franklin town

ADDRESS

18. 421

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) ARTERIO SCLEROTIC Cardio
DUE TO Vascular Disease

2+ yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Portal Cirrhosis Of Liver

2+ yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 1951, to 11/27, 1951, that I last saw the deceased alive on 11/26, 1951, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

22A. SIGNATURE

Thos E. Ryan

22B. ADDRESS

M. D. 3629 Edmondson Ave

22C. DATE SIGNED

11/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-30-51

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 27 1951

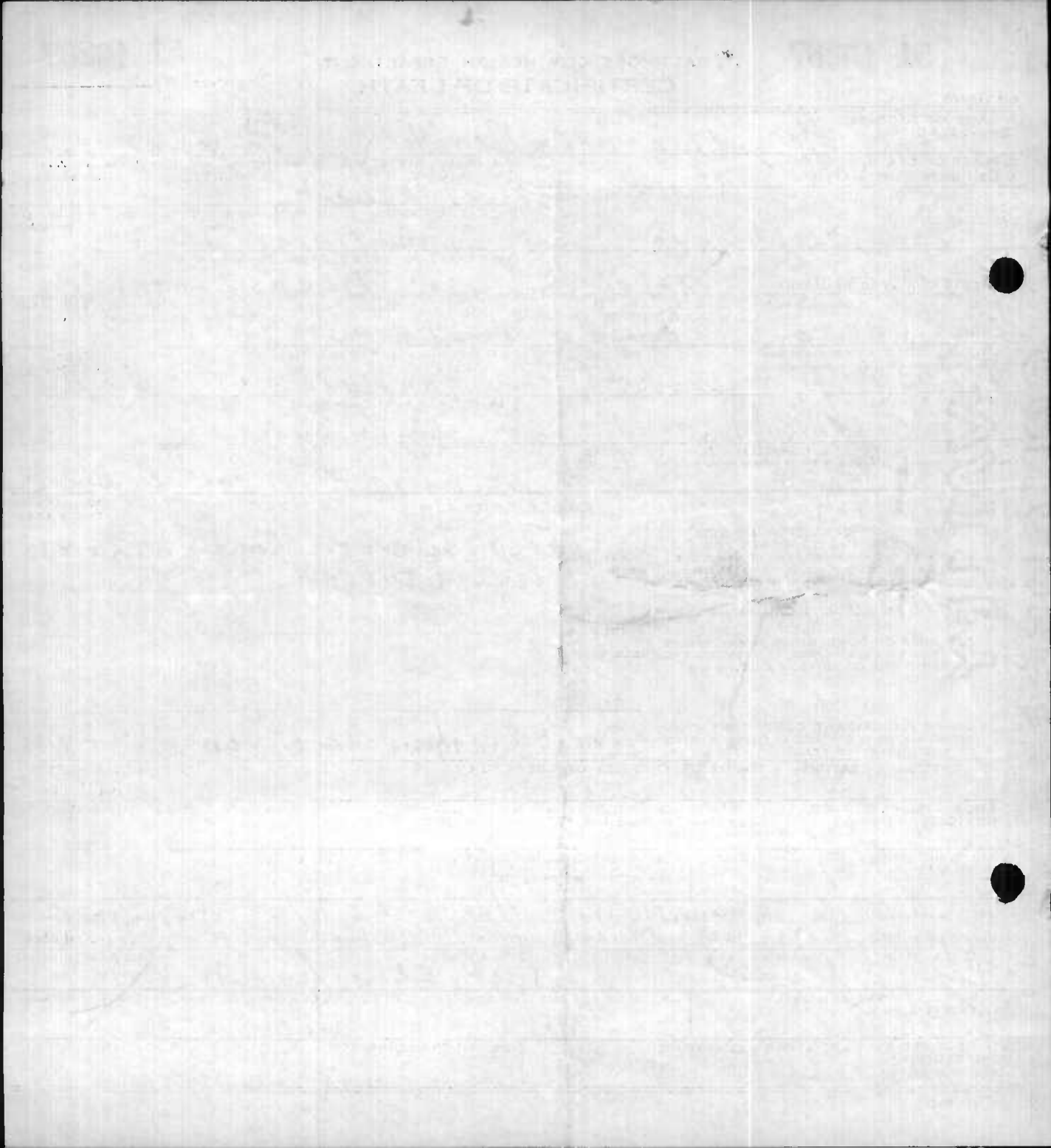
REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

GEO. L. Schwab 2101 Frederick Ave.

ADDRESS



51 10268		BALTIMORE CITY HEALTH DEPARTMENT		51 10268	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
BERNARD C MARDAGA			November 25, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION			A. STATE Maryland		
Johns Hopkins Hospital			B. COUNTY		
Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
Yrs. Mos. Days			Baltimore 8-05		
5. SEX Male			D. STREET ADDRESS (If rural, give location)		
6. COLOR OR RACE White			1624 E. Lafayette Avenue		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married			8. DATE OF BIRTH		
			Jan. 28, 1878		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			9. AGE (In years last birthday)		
Guard, Commerce Building			73		
10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country)		
			Baltimore, Maryland		
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
Louis Mardaga					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME		
			Mary Grob		
16. SOCIAL SECURITY NO.			17. INFORMANT		
213-05-0128			Mrs. F. Gertrude Mardaga, 1624 E. Lafayette AV		
18. E-900.6 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
			(A) Skull fracture		
19. ANTECEDENT CAUSES			(B) Subdural contusion of brain		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO		
			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
			Nite Club		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour)		
Madison Nite Club, 800 N. Chester St.			Nov. 25, 1951 1:00 P.m.		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
			Slipped and fell down steps 7-5		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE			23B. CHIEF MEDICAL EXAMINER.....		
William V. [Signature]			23C. DATE SIGNED		
			Nov. 26, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
Burial			11-28-51		
24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)		
Holy Redeemer			Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR			25. FUNERAL DIRECTOR		
NOV 27 1951			Leonard J. Ruck, 5305 Harford Road		
REGISTRAR'S SIGNATURE			ADDRESS		
[Signature]					
VS 151			N-803.2 763 8B 186a		

Page 10

Page 11



51 10269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10269

Registered No.

BIRTH NO. B-620

1. NAME OF DECEASED (Type or Print) JOHN T. BURKE		2. DATE OF DEATH 11/26/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3809 Hanover Street		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3809 Hanover Street		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 12/12/1890
9. AGE (In years last birthday) 60		10. UNDER 1 YEAR Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY B & O R.R.	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas		14. MOTHER'S MAIDEN NAME Elizabeth Schley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. WW # I	
17. INFORMANT Family - Same		ADDRESS	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. atherosclerosis DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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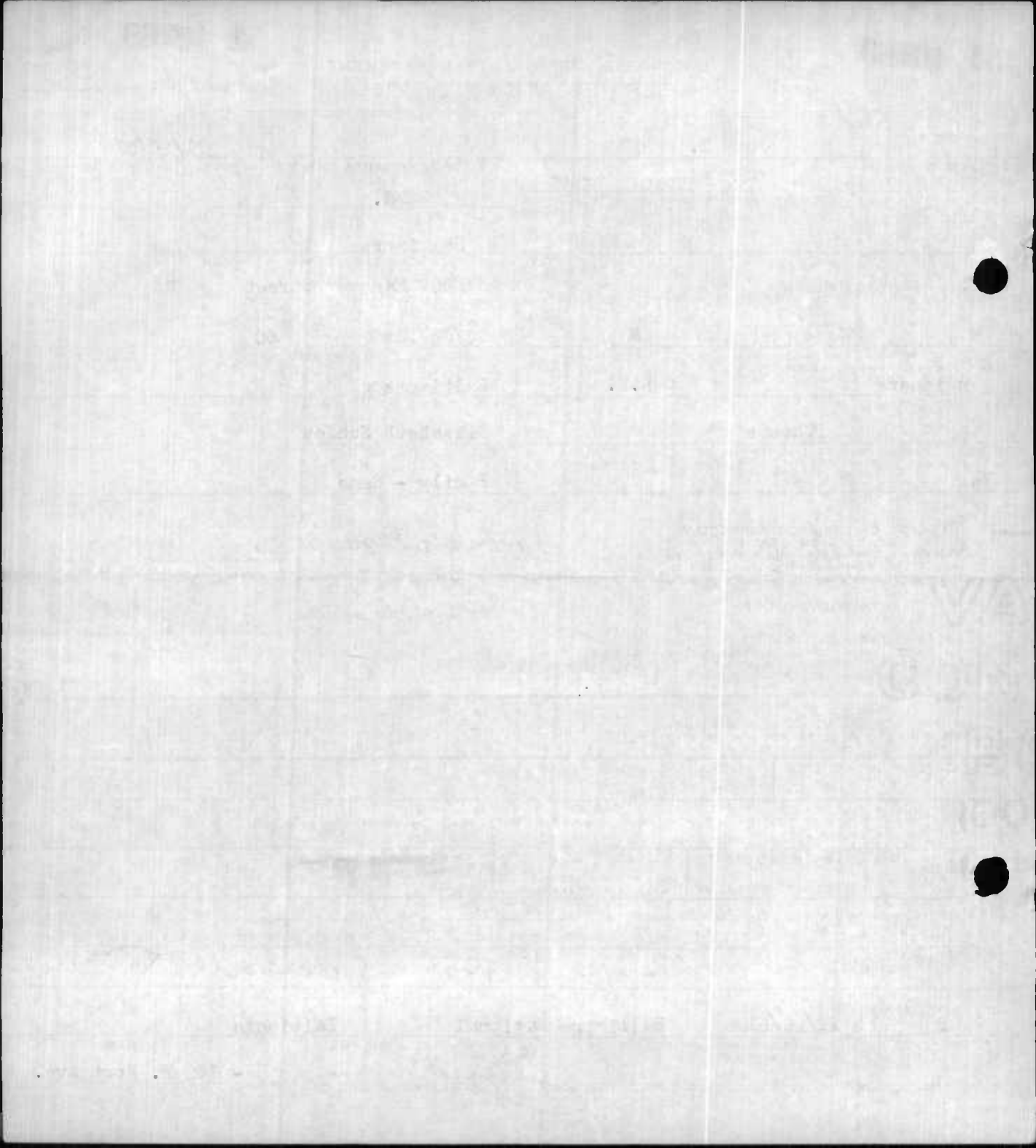
19A. DATE OF OPERATION 11-26		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-26 , 19 51 , to 11-27 , 19 51 , that I last saw the deceased alive on 11-26 , 19 51 , and that death occurred at 4:05 PM , from the causes and on the date stated above.				
23A. SIGNATURE Regina Schley		23B. ADDRESS 3904 S Hanover		23C. DATE SIGNED 11-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 11/29/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS - 130 E. Fort Ave.

54150

94a

MEDICAL CERTIFICATION



51 10270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10270
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE W. GOSNELL

2. DATE
OF
DEATH NOV. 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE Maryland B. COUNTY CarrollB. FULL NAME OF (If not in hospital or institution, give street address or
location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Woodbine

D. STREET ADDRESS (If rural, give location)

5600

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

4-26-1915

9. AGE (In years
last birthday)

36

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Brakeman

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Alberta Gosnell

14. MOTHER'S MAIDEN NAME

Estella M. Frizzell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Alberta Gosnell, Woodbine, Md.

18. E800 x 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)Crushing injury of head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)Acute Alcoholism

DUE TO

(C)

(over)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Railroad track

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Harman Avenue - B & O Railroad

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found Nov. 27-1951 8:00 A.m.

21E. INJURY OCCURRED

WHILE AT ☒ NOT WHILE
WORK ☒ AT WORK ☐

21F. HOW DID INJURY OCCUR?

Apparently hit by train

25.33

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Durell M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

11-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-30-1951

24C. NAME OF CEMETERY OR CREMATORY

Eden Exe

24D. LOCATION (City, town, or county)

Carroll Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 28 1951

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

G. M. Waltz, Winfield, Md.

VS 151

N-803.2

624 50

169

✓

MEDICAL CERTIFICATION

See Document File 51-10270
Corrected on order of Dr. Stanley H. Durlacher
Asst. Medical Examiner
12/5/51 ES

252
51 10271BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10271

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE BUCKINGHAM

2. DATE

OF DEATH

11-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Carroll

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mt. Airy

D. STREET ADDRESS (If rural, give location)

Main Street

5600

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

6-13-1883

9. AGE (in years

last birthday)

68

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF

WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Samuel Kiefer

14. MOTHER'S MAIDEN NAME

Annie E. Doty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

A. Kiefer Buckingham, 1547 Oak Rd.
Pottsville, Pa.

18.

174X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

INTESTINAL obstruction

5 days

DUE TO

acidosis & uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ADENOCARCINOMA UTERUS

8 mo.

DUE TO

INVOLVEMENT OF RECTUM

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CEREBRAL VASCULAR ACCIDENT

12 days

19A. DATE OF OPERATION

JUNE 1951

19B. MAJOR FINDINGS OF OPERATION

ADENOCARCINOMA UTERUS

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-6, 1951, to 11-27, 1951, that I last saw the
deceased alive on 11-27, 1951, and that death occurred at 12:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Henry D. Perry Jr.

M. D.

23B. ADDRESS

Univ. Hosp. Baltimore

23C. DATE SIGNED

11-27-51

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

BURIAL

24B. DATE

11-29-1951

24C. NAME OF CEMETERY OR CREMATORY

Pine Grove

24D. LOCATION (City, town, or county)

Mt. Airy, Carroll Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

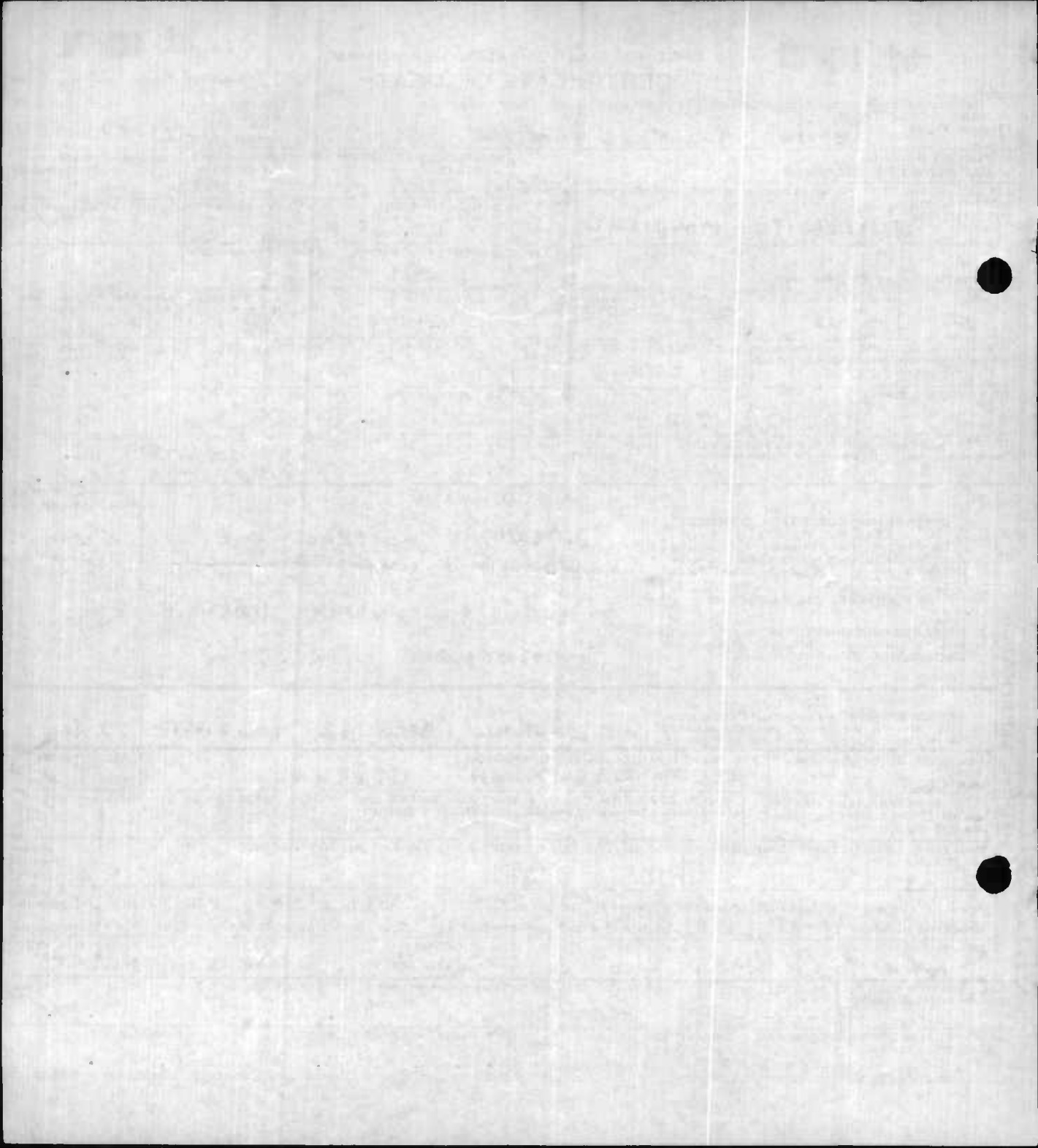
REGISTRAR'S SIGNATURE

H. H. Williams, Md.

25. FUNERAL DIRECTOR

ADDRESS

C. M. Waltz, Winfield, Md.



60 51 10272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10272
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ELZIE FOWLER		2. DATE OF DEATH Nov. 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22-02	
D. STREET ADDRESS (If rural, give location) 617 Conway Street		5. LENGTH OF STAY IN BALTIMORE 27 Yrs. Mos. Days	
6. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH unknown-52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Domestic	9. AGE (In years last birthday) 52
11. BIRTHPLACE (State or foreign country) Washington D.C.		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME unknown-		14. MOTHER'S MAIDEN NAME unknown-	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT Joseph Green		ADDRESS 617 Conway St.	

18. 490X CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Lobar pneumonia DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunsche		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Nov. 27, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-1-51		24C. NAME OF CEMETERY OR CREMATORY Int. Calvary Cmty	
24D. LOCATION (City, town, or county) (State) Balto, Md.		25. FUNERAL DIRECTOR H. B. Spriggs		ADDRESS 13914 Hemlock St.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951		REGISTRAR'S SIGNATURE William H. Williams			

10875

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460

51 10273

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10273

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AKIVE MINNER

2. DATE
OF
DEATH

11-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md B. COUNTY 12-04

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2301 Barclay St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

D. STREET ADDRESS (If rural, give location)

2301 Barclay St

8. DATE OF BIRTH

6-4-11

9. AGE (in years
last birthday)

40

II Under 1 Year

Months: Days

II Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

INDUSTRY

11. BIRTH PLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

Russia

13. FATHER'S NAME

Milton

14. MOTHER'S MAIDEN NAME

Eather

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Rachael Miller - Jane

ADDRESS

Rachael Miller - Jane

18. 760X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Broncho pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

2 1/2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive & arteriosclerotic
C.V. Disease with recent
cerebral accident

5 yrs

(C) DUE TO

Diabetes mellitus

7 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

None

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from April 15, 1946 to Nov. 27, 1951, that I last saw the
deceased alive on 11/27, 1951, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J M Miller

M. D.

23B. ADDRESS

1613 E Baltimore St

23C. DATE SIGNED

11-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11-28-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 28 1951

REGISTRAR'S SIGNATURE

J M Miller

25. FUNERAL DIRECTOR

Jack Lewis 2100 E Baltimore St

ADDRESS

2100 E Baltimore St

Mullen
1613 E 10th St

632
51 10274

LENA MEROWITZ

BALTIMORE CITY HEALTH DEPARTMENT

51 10274

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LENA MEROWITZ			2. DATE OF DEATH 11/27-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Sumner Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sumner Hospital of Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-01		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) EMERSONIAN APTS PARK DR		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH	9. AGE (in years last birthday) 80	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) House Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) RUSSIA-	
13. FATHER'S NAME Moses Totz		14. MOTHER'S MAIDEN NAME Bersay		12. CITIZEN OF WHAT COUNTRY? U.S. &	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Harry Merawitz - Emersonian Apts.	

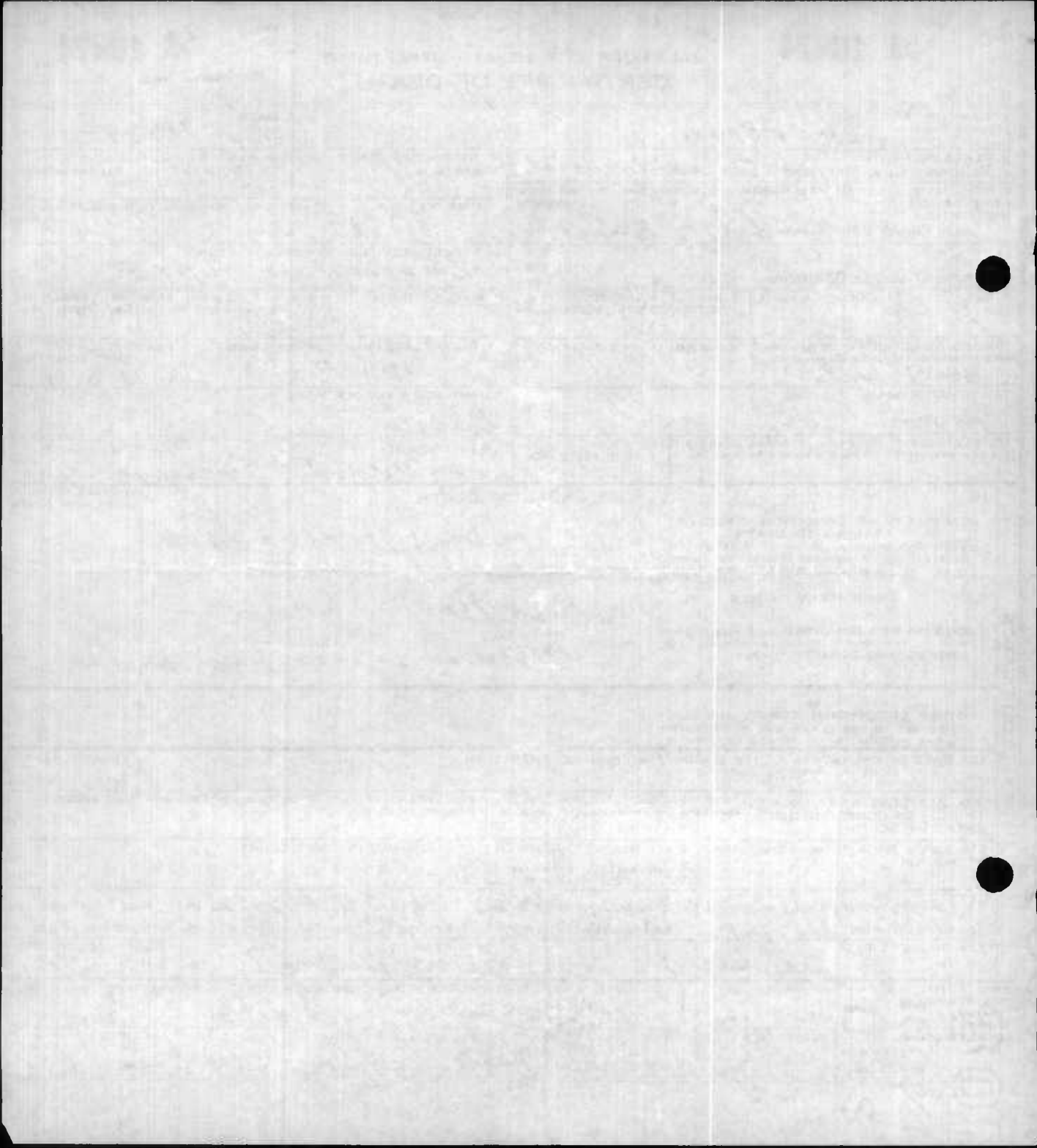
CAUSE OF DEATH

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-vascular Diseases with Sclerosis	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/25/51 to 11/27/51 , that I last saw the deceased alive on 11/27/51 and that death occurred at 11:30 AM from the causes and on the date stated above.					
23A. SIGNATURE Frederick S.		23B. ADDRESS Sumner Hospital		23C. DATE SIGNED 11/27/51	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11/28/1951	24C. NAME OF CEMETERY OR CREMATORY Belair Township	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951	REGISTRAR'S SIGNATURE William Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis Inc - 2100 Eutaw Pl	



200

MK-80340

51 10275

CERTIFICATE OF DEATH
BALTIMORE CITY HEALTH DEPARTMENT

Registered No. 51 10275

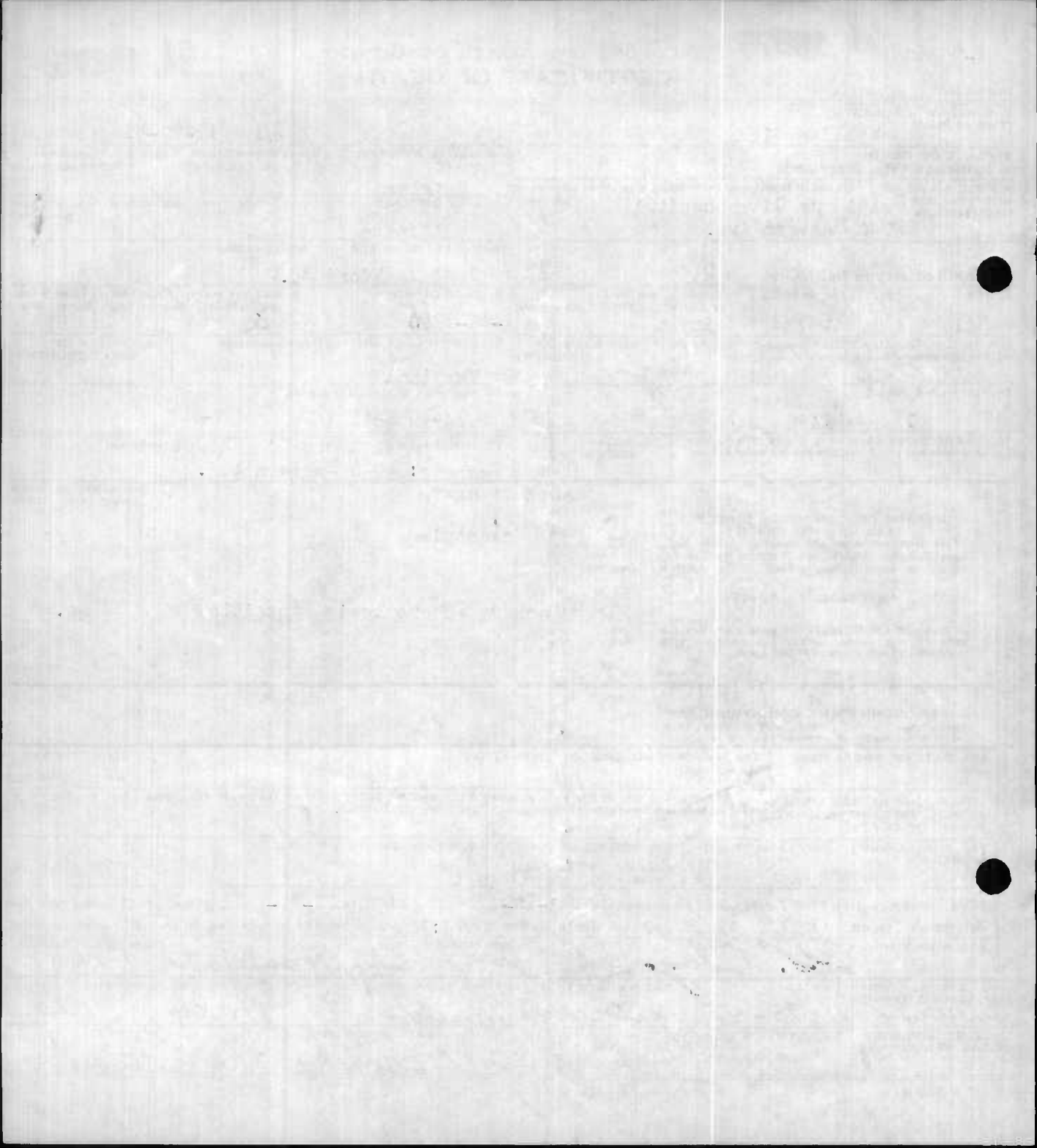
BIRTH NO.

1. NAME OF DECEASED (Type or Print) William High			2. DATE OF DEATH II-27-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1202 Hartford Rd.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH I-15-1865	9. AGE (In years last birthday) 86	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Artist		10B. KIND OF BUSINESS OR INDUSTRY self	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME George High ?			14. MOTHER'S MAIDEN NAME Sarah Hall		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Baltimore City Hospital Records: 4940 Eastern Ave.		

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Tuberculosis (Possible) (B) DUE TO		12 Mo.
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-13-1943, to II-27-1951, that I last saw the deceased alive on 11-27-1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.		
23A. SIGNATURE D.B. Ogden M.D.	23B. ADDRESS Baltimore City Hospital	23C. DATE SIGNED II-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-30-51	24C. NAME OF CEMETERY OR CREMATORY Green Mount	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE W. H. Williams, M.D.	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 3100 Canton Pl



640
51 10276BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10276
Registered No.

BIRTH NO. 51-23902

1. NAME OF DECEASED (Type or Print) CRAIG MARLOW		2. DATE OF DEATH Oct. 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3901 Greenmount Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 13 days
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S M A D E N NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS

18. E 883.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Boric acid poisoning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3901 Greenmount Avenue
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (about) Oct. 16, 1951 m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Bathed in boric acid
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <i>Stanley K. Dureacher</i>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED Oct. 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 11-26-51	24C. NAME OF CEMETERY OR CREMATORY City Morgue-cremated	24D. LOCATION (City, town, or county) (State) Dr. R.S. Fisher-700 Fleet Street #2
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951	REGISTRAR'S SIGNATURE <i>Wm. Williams</i>	25. FUNERAL DIRECTOR ADDRESS	

Date	Time	Location	Remarks
10/10/50	10:00	1000	1000
10/10/50	10:00	1000	1000
10/10/50	10:00	1000	1000
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10/10/50	10:00	1000	1000
10/10/50	10:00	1000	1000
10/10/50	10:00	1000	1000

343
51 10277BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10277
Registered No.

BIRTH NO. 51-26823

1. NAME OF DECEASED
(Type or Print)

Baby

2. DATE
OF
DEATH

Nov. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Hospital for the Women of Md

Length of stay in Baltimore

2 min

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson-4

D. STREET ADDRESS (If rural, give location)

200 Donnybrook Rd 5300

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 16, 1951

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto-Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Carter Littleton

14. MOTHER'S MAIDEN NAME

Martha Isabella Townshend

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Martha Littleton 300 Donnybrook Rd Towson-4 MD

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11/16, 1951, to 11/16, 1951, that I last saw the deceased alive on 11/16, 1951, and that death occurred at 10:51 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John E. Bennett

23B. ADDRESS

Woman's Hosp, Balto

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

11/27/51

City Morgan

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1951

Huntington Williams, Jr

1957

1957

WILLIS

COLEMAN

1957

1957

1957

1957

263

51 10278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10278
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Carolyn J. Richardson

2. DATE
OF
DEATH

Nov. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. 010X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

TB meningitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 10-15-1951 to 11-25-1951, that I last saw the deceased alive on 11-25-1951, and that death occurred at 7:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Kaiser

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1951

Washington Williams, M.D.

Chas. O. Wilson, 1000 Brantley, Md.

1000

RECEIVED
OFFICE OF THE
DIRECTOR

1000

1000

1000

1000

1000

516

CERTIFICATE CORRECTED 12/6/51 ES

51 10279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10279
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH HAMBURGER

2. DATE
OF
DEATH

11-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Severais Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

27-16

D. STREET ADDRESS (If rural, give location)

3136 Oakford Ave.

Length of stay in Baltimore

74 years

Yrs.
Mos.
Days

5. SEX

A

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1877

9. AGE (in years
last birthday)

74

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

housewife H. W.

own home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

RUBIN — KLINE

14. MOTHER'S MAIDEN NAME

Pauline — ? —

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Mrs David MaxADDRESS
Lake Court Apt D 2

18. 420 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) SCHOCK. —

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) HEART FAILURE

DUE TO

Myocardial infarction

(C) Coronary Arteriosclerosis

(over)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1951, to 11/24, 1951, that I last saw the
deceased alive on 11/24, 1951, and that death occurred at 2:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

Greenberg

M. D.

23B. ADDRESS

Severais Hospital

23C. DATE SIGNED

11/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Nov 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Beth Tfiloh Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS 1126 W

NOV 28 1951

Sol Levinson & Bros North Ave

VS 150

94a

MEDICAL CERTIFICATION

See Document File 50 10279

12/6/51

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264
51 10281BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

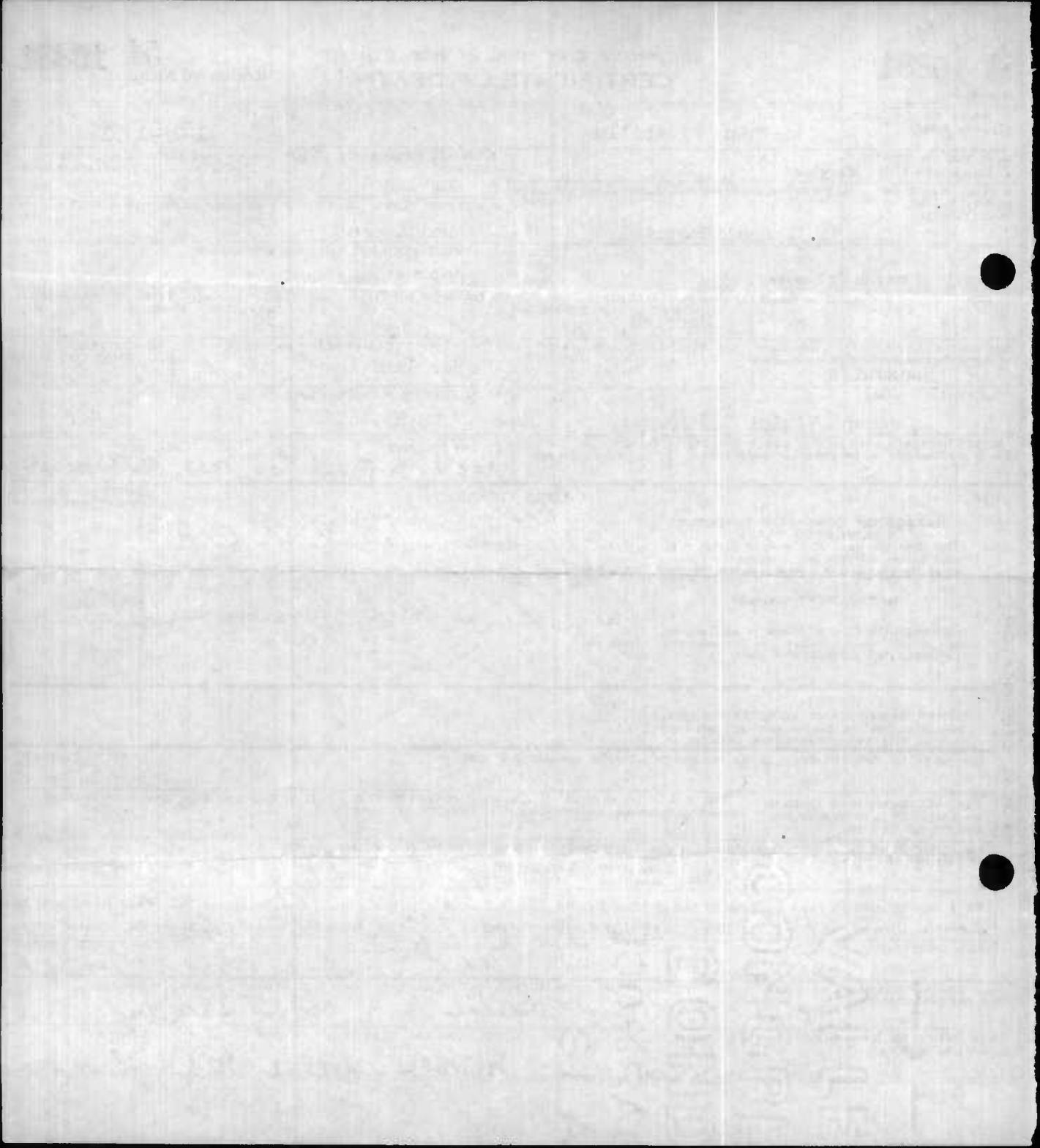
Registered No. 51 10281

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Josephine Picarillo			2. DATE OF DEATH 11-25-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Agnes' Hospital Length of stay in Baltimore Yrs. Mos. Days			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-03 D. STREET ADDRESS (If rural, give location) 2022 Wilkens Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 38	9. AGE (In years last birthday) 38	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Joseph Vinici			12. CITIZEN OF WHAT COUNTRY? ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Joseph R. Picarillo			ADDRESS 2022 Wilkens Ave.		

18. 410X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Pneumonia C.V.D.C. (B) Mitral Stenosis (C)	INTERVAL BETWEEN ONSET AND DEATH
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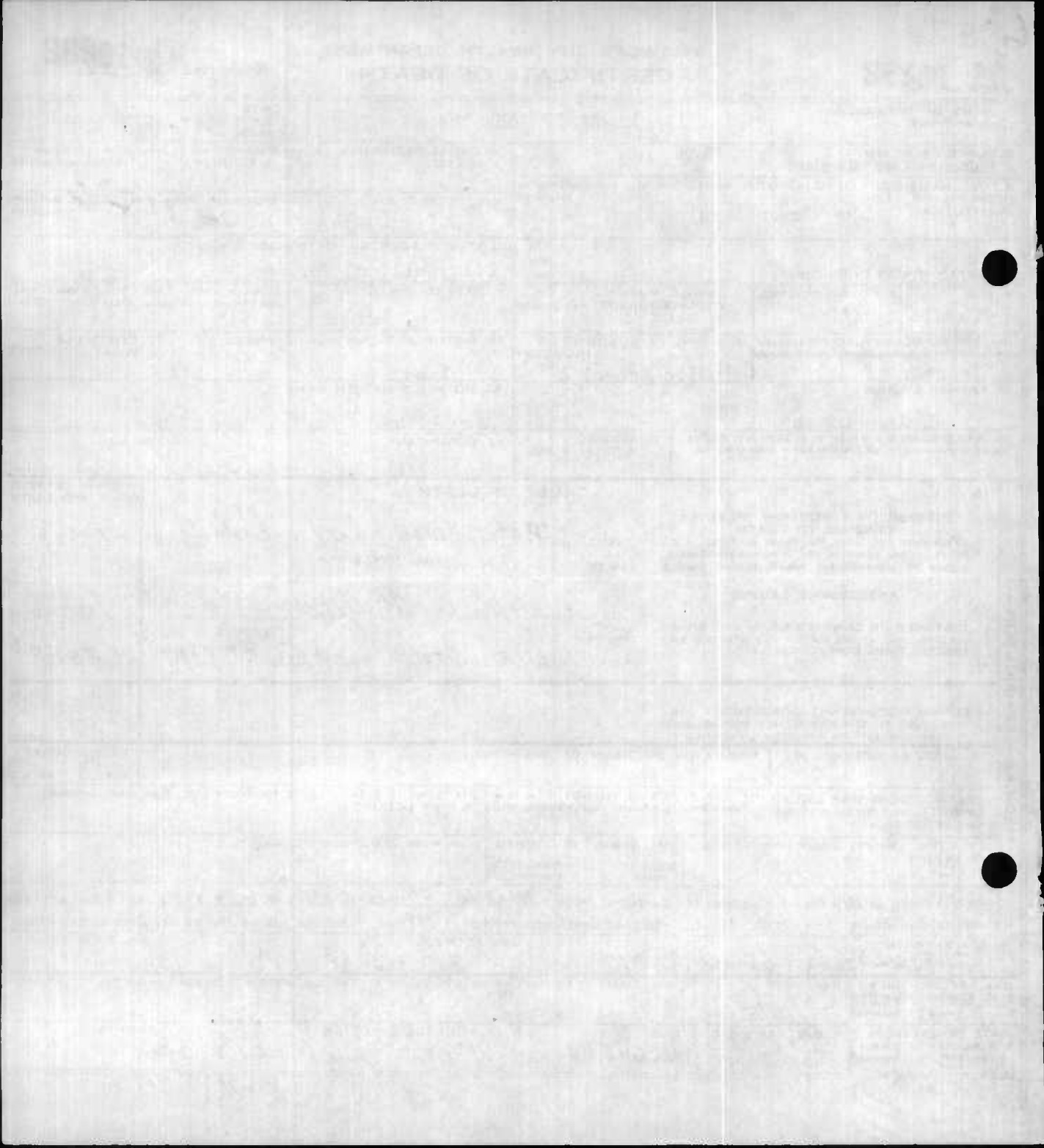
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/22, 1951, to 11/25, 1951, that I last saw the deceased alive on 11/25, 1951, and that death occurred at 7:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE J. C. Early		23B. ADDRESS M. D. 11/25/51		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Nov. 29, 1951		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) Old Triduck Road. Md		24E. LOCATION (State) Md		24F. LOCATION (City, town, or county) Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR WENDELL J. RIPPET 312 S. Highland Ave	



523
51 10282
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10282

1. NAME OF DECEASED (Type or Print)		FLAVILLA MARRIOTT JOHNSTON		2. DATE OF DEATH Nov. 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 115 E. McLoone		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION Long Green Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3412 Guilford Terrace			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 18, 1890	9. AGE (in years last birthday) 61	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10B. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Wm. Lee Johnston			
14. MOTHER'S MAIDEN NAME Mary Blake		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			
16. SOCIAL SECURITY NO.		17. INFORMANT Miss Edith E. Johnston-3412 Guilford Terr.			
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Arteriosclerotic Cardio-Cerebral vascular disease DUE TO (B) Diabetes Mellitus DUE TO (C) Arteriosclerotic gangrene of foot		INTERVAL BETWEEN ONSET AND DEATH 5 yrs 3 yrs 4 days?	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March, 1950, to November 26, 1951, that I last saw the deceased alive on Nov. 26, 1951, and that death occurred at 6:00 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Hendland Edward Day		23B. ADDRESS 4-E-33rd St - 18		23C. DATE SIGNED November 29, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/29/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. NAME OF CEMETERY OR CREMATORY Woodlawn, Md.		24F. LOCATION (City, town, or county) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR J. F. [Signature]	
VS 150		0938V		61	



620
51 10283BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10283

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE REEDER KRIES

2. DATE
OF
DEATH

Nov. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE 4128 Parkside Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4128 Parkside Drive

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 9, 1880

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Plumbing

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Peter A. Kries

14. MOTHER'S MAIDEN NAME

Laura Reeder

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-10-4026

17. INFORMANT

ADDRESS

Mrs. Dorothy R. Bonadeo - 4128 Parkside Drive

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cornary Thrombosis*
DUE TO*Sudden*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arterio-sclerotic Cardio-Vasc*
DUE TO *Disease -*
(C) *E**?*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11/31*, 19*48*, to *11/26*, 19*51*, that I last saw the
deceased alive on *11/19*, 19*51*, and that death occurred at *8 A m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/29/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cen.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

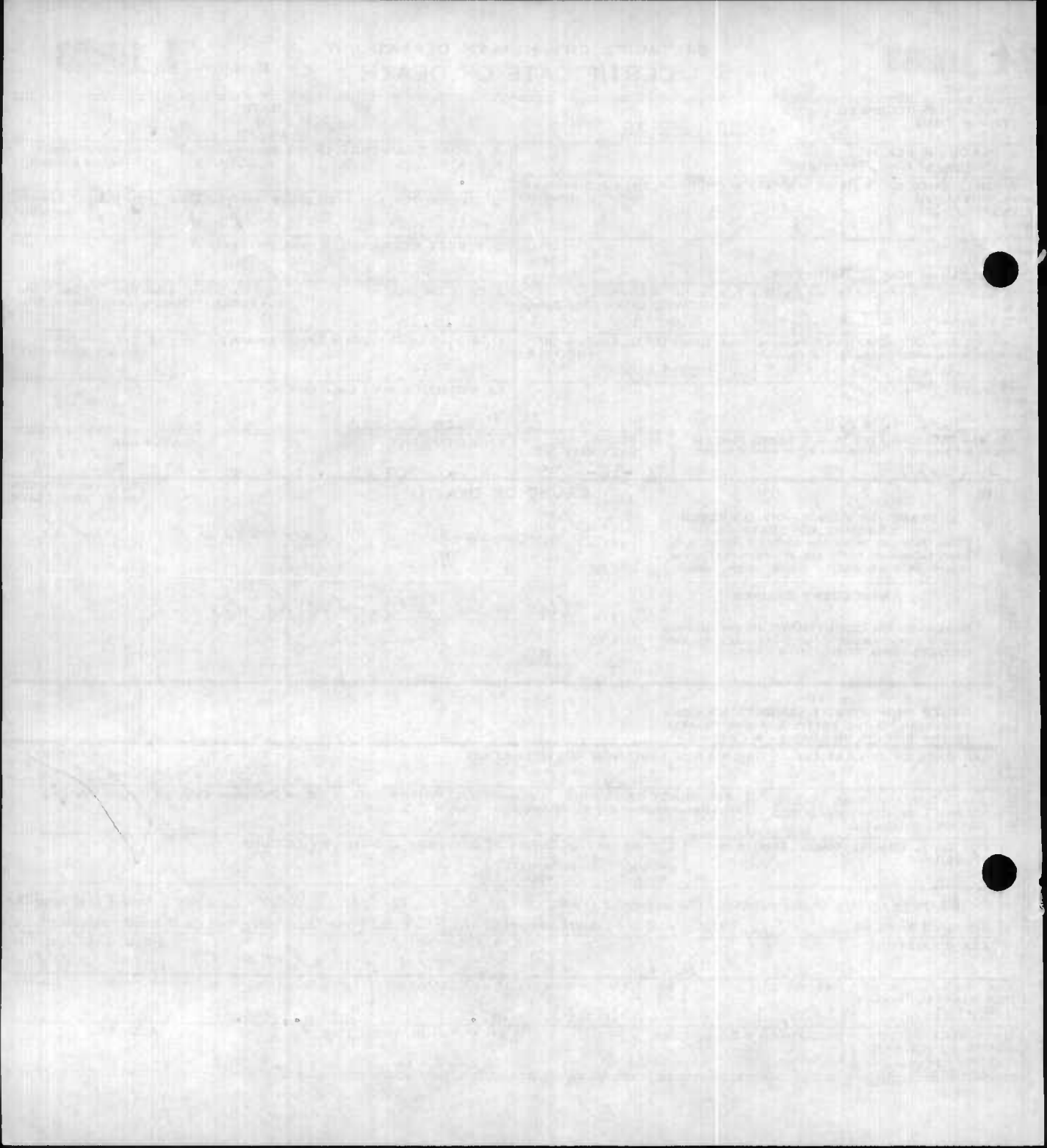
NOV 28 1951

*Wm. J. Williams, M.D.**Wm. J. Vickers & Sons*

VS 150

574 24

Balto 17, Md
93D



200
51 10284BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10284

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT D. LOGEE

2. DATE
OF
DEATH

Nov. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5807 Roland Ave.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5807 Roland Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 9, 1898

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Exec. Vice Pres.

10B. KIND OF BUSINESS OR
INDUSTRY

Anchor Post Products

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Norval C. Logee

IRON FENCES (M)

14. MOTHER'S MAIDEN NAME

Laura Laughlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

(If yes, give war or dates of service)

World War #1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret M. Logee-5807 Roland Ave.

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiovascular disease

DUE TO

arteriosclerosis

(B)

coronary occlusion

DUE TO

(C)

about
6 mo.

?

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3/51, 19, to Nov 26/51, 19, that I last saw the
deceased alive on Nov 10, 1951, and that death occurred at 7 45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

11/29/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1951

Wm. J. Tichenor & Sons

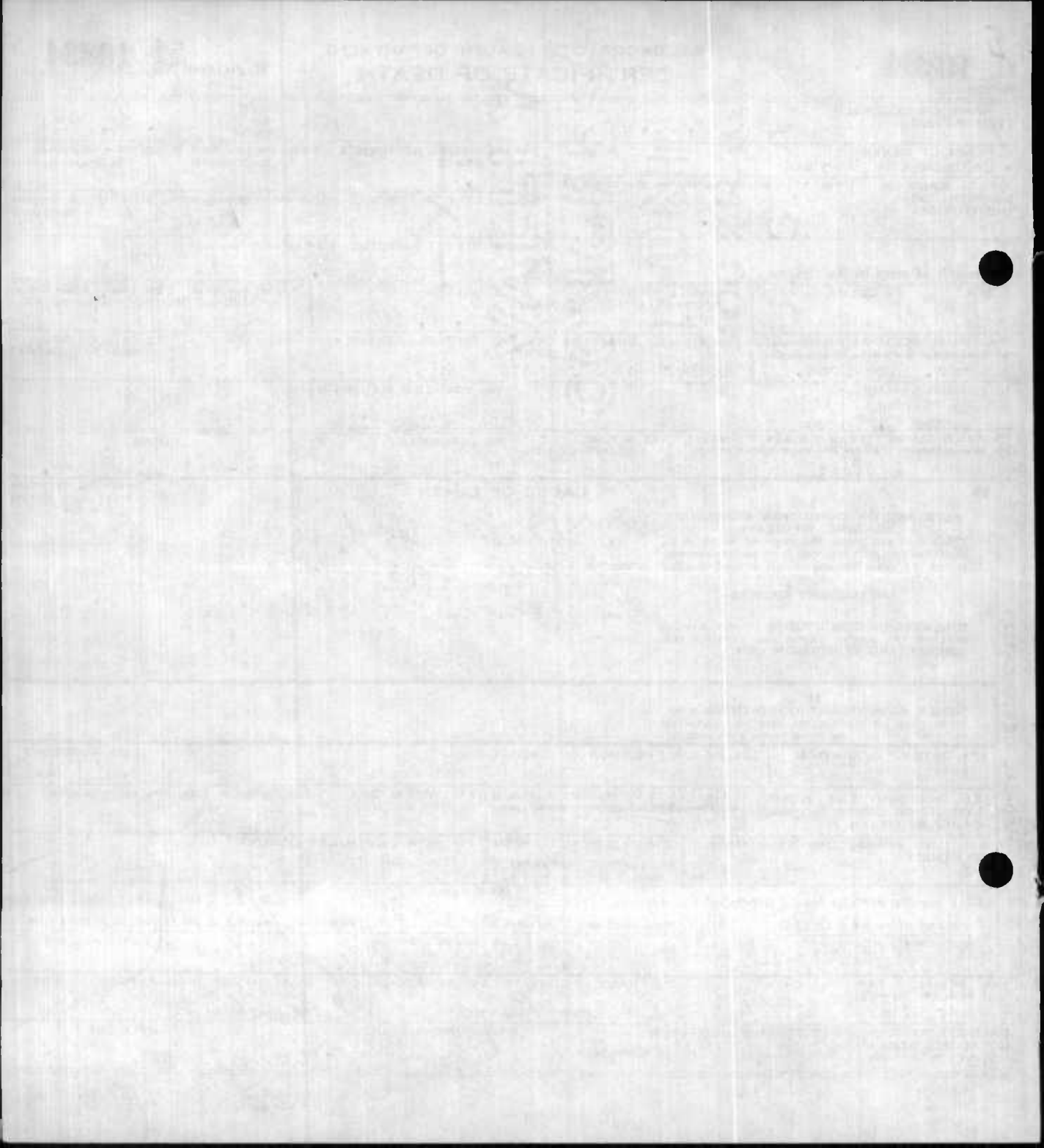
Wm. J. Tichenor & Sons

VS 150

2903D

Balto 17, Md 93D

MEDICAL CERTIFICATION



510
51 10285
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10285
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LOUIS H. SCHNEPPE		Nov. 26, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR 424 Annabel Ave. INSTITUTION		A. STATE Md. B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 424 Annabel Ave.	
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Aug. 9, 1880	
9. AGE (In years, last birthday) 71		10. UNDER 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? What Country?	
13. FATHER'S NAME Benjamin J. Schnepfe		14. MOTHER'S MAIDEN NAME Augusta Stoll	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Leon Croft - 2322 Laurretta Ave.		ADDRESS	
18. 154X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cancer Rectum DUE TO INTERVAL BETWEEN ONSET AND DEATH years			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
20. DATE OF OPERATION		21. MAJOR FINDINGS OF OPERATION	
22. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		27. HOW DID INJURY OCCUR?	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
30. I hereby certify that I attended the deceased from June 1, 1951, to 11-26, 1951, that I last saw the deceased alive on 11-26, 1951, and that death occurred at 4 A.M., from the causes and on the date stated above.		31. DATE SIGNED	
32. SIGNATURE E. J. Mendellic		33. ADDRESS 651 N. Bentalon	
34. DATE 11/27/51		35. DATE SIGNED 11/27/51	
36. NAME OF CEMETERY OR CREMATORY Lorraine Cem.		37. LOCATION (City, town, or county) Woodlawn, Md.	
38. DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951		39. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
40. FUNERAL DIRECTOR 2 M. J. Vickner & Sons		41. ADDRESS 467 Balto 17 Md.	

FROM: [illegible]

TO: [illegible]

SUBJECT: [illegible]

DATE: [illegible]

[The body of the document contains several paragraphs of extremely faint, illegible text. The text is too light to be transcribed accurately.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10286**

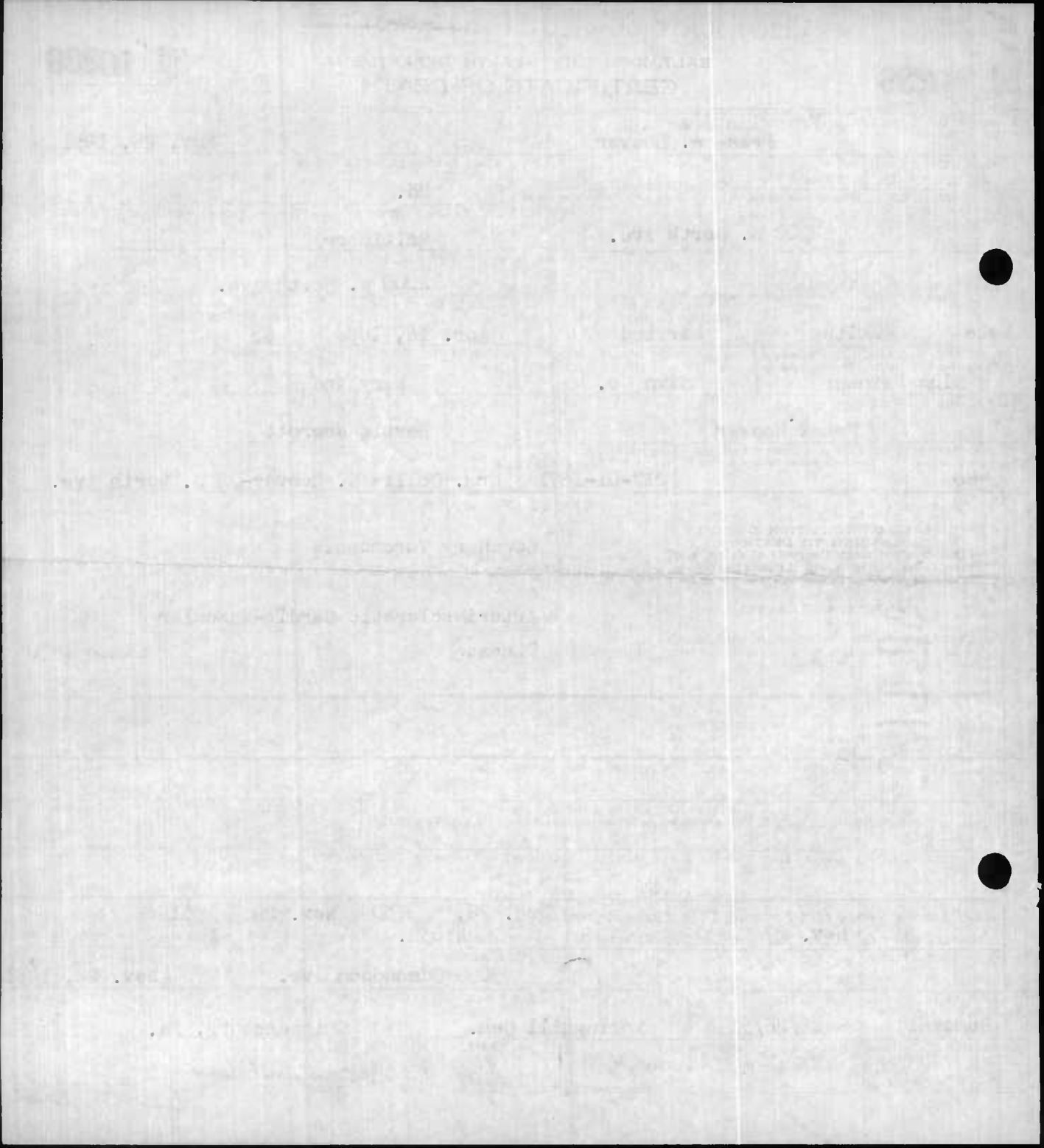
51 10286
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Franklin Joseph Frank-J. Hoover			2. DATE OF DEATH Nov. 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2200 W. North Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2200 W. North Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 14, 1888	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sign Painter		10B. KIND OF BUSINESS OR INDUSTRY Sign Co.	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank Hoover			14. MOTHER'S MAIDEN NAME Bertie Wherett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 217-01-1871	17. INFORMANT ADDRESS Mrs. Dollie K. Hoover-22 W. North Ave.		

MEDICAL CERTIFICATION	18. 4201 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis DUE TO		
	ANTECEDENT CAUSES (B) Arteriosclerotic Cardio-Vascular Disease DUE TO		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Since 1950		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 28, 1950 , to Nov. 28, 1951 , that I last saw the deceased alive on Nov. 27, 1951 , and that death occurred at 4:05 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE <i>George A. Kump</i>		23B. ADDRESS 3030 Edmondson Ave.		23C. DATE SIGNED Nov. 28, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/28/51		24C. NAME OF CEMETERY OR CREMATORY Springhill Cem.	
				24D. LOCATION (City, town, or county) (State) Shippensburg, Pa.	

DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951		REGISTRAR'S SIGNATURE <i>Wm. J. Tecklenburg</i>		25. FUNERAL DIRECTOR ADDRESS <i>Ball. Md</i>	
VS 150		56482		937	



520
10287
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10287

1. NAME OF DECEASED (Type or Print) MARTHA EILEN DeMOSS			2. DATE OF DEATH Nov. 26, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 3429 Piedmont Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3429 Piedmont Ave.		
6. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 13, 1856	9. AGE (In years last birthday) 95	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jarrett Nelson			14. MOTHER'S MAIDEN NAME Susan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss C. Estelle DeMoss-3429 Piedmont Ave.		

18. E903.01
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Fracture left femur (Hip)
DUE TO

13 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congestive Cardiac Failure
DUE TO
(C)

CERTIFICATION APPROVED BY

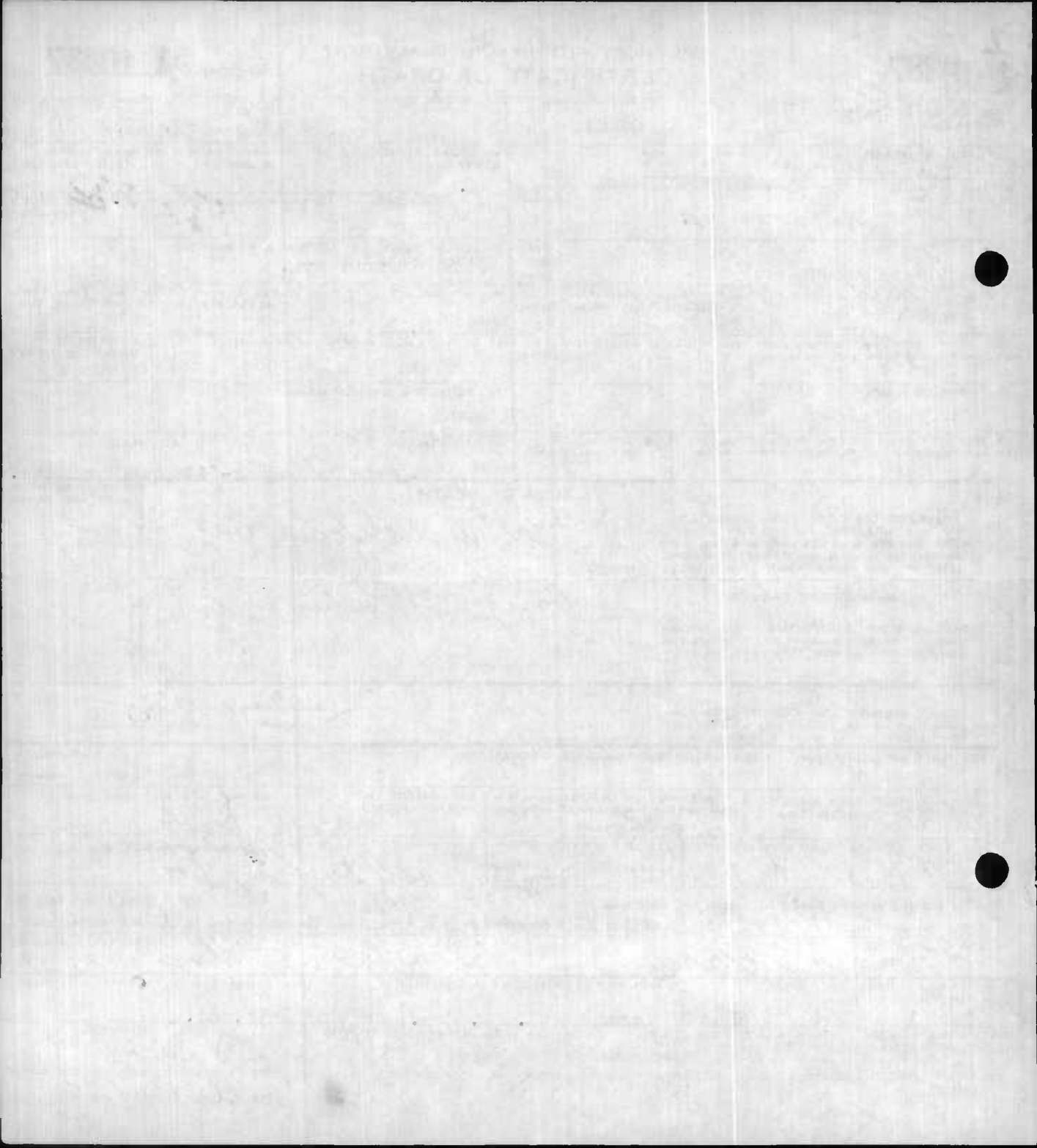
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

William H. Smith M. D.
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21C. WHERE DID INJURY OCCUR? 3429 Piedmont Ave.	
21D. TIME (Month) (Day) (Year) (Hour) 11-13-57-10 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Slipped & fell to floor (1st).	
22. I hereby certify that I attended the deceased from 11-13-1957, to 11-26-1957, that I last saw the deceased alive on 11-26-1957, and that death occurred at 8 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Howard H. Warner M. D.		23B. ADDRESS 2604 Garrison Bldg.		23C. DATE SIGNED 11-27-57	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/28/57	24C. NAME OF CEMETERY OR CREMATORY Vernon Meth. Ch. Cem.	24D. LOCATION (City, town, or county) (State) White Hall, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1957	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. Fickner & Sons	

10 50
N-870.1Balto 17 Md.
186a



245
1 10288
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10288
Registered No.

1. NAME OF DECEASED (Type or Print) Margaret Alice Chisholm		2. DATE OF DEATH November 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Paul Nursing Home 2305 St. Paul Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Raspeburg	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) Old Philadelphia Road 5300	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	B. DATE OF BIRTH Nov. 18, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (in years last birthday) 69
11. BIRTHPLACE (State or foreign country) Anne Arundel County, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT James Chisholm, Philadelphia Road		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 157X I CAUSE OF DEATH carcinoma of pancreas coronary insufficiency INTERVAL BETWEEN ONSET AND DEATH 1 yr	(A) DUE TO
	(B) DUE TO chronic cystitis
	(C) DUE TO chronic coronary insufficiency 1 yr
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION Sept 1950		19B. MAJOR FINDINGS OF OPERATION carcinoma of pancreas Whipple operation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan, 1951 to Nov 27, 1951 that I last saw the deceased alive on Nov 26 1951 and that death occurred at 4:30 pm., from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Williams</i>		23B. ADDRESS 2121 Maryland Ave		23C. DATE SIGNED 11-27-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 11/29/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. LOCATION (State) Maryland		24F. LOCATION (City, town, or county) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951		REGISTRAR'S SIGNATURE <i>E. Williams</i>		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
VS 150		ADDRESS 1217 St. Paul St.		469	

111. ^{new} Protst

463
51 10289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10289

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian Fleharty

2. DATE
OF
DEATH

11/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2654 Maryland Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/8/82

9. AGE (In years last birthday)

69

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

David Swindell

14. MOTHER'S MAIDEN NAME

Minnie J. Dorschel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Carroll H. Fleharty, Jr. - 2654 Maryland Ave.

18. 581.0 and 756.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hepatic coma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cirrhosis of liver possible

DUE TO

(C)

± malignancy

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-20, 1951, to 11-27, 1951, that I last saw the deceased alive on 11-27, 1951, and that death occurred at 10²⁵ a.m., from the causes and on the date stated above.

23A. SIGNATURE

Yang-tsing Wong

M. D.

23B. ADDRESS

8213 Light St

23C. DATE SIGNED

11-27-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

11/30/51

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1951

Huntington Williams, Jr.

Wm. Cook, Inc., 1217 St. Paul St.

VS 150

124B

MEDICAL CERTIFICATION

TO THE HONORABLE

MEMORANDUM

FOR THE RECORD

Subject

Reference

Enclosure

Very respectfully

Signed

Witness

Attest

Respectfully

Respectfully

Respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

Very respectfully

652
5120250

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10290

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LYNN CORENIS (KOLKIS)		2. DATE OF DEATH 11-27-57	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1204 HOLLINS ST.			
5. SEX F	6. COLOR OR RACE W-	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH	9. AGE (In years last birthday) about 48	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS John Korkis, 1204 Hollins Street		
18. 204.3 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE LEUKEMIA CAUSE OF DEATH DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-29-57, to 11-27, 1957 that I last saw the deceased alive on 11-27, 1957 and that death occurred at 2:45 P.M., from the causes and on the date stated above.					
23A. SIGNATURE J. G. Keever		23B. ADDRESS University Hosp	23C. DATE SIGNED 11-27-57		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11/29/57	24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1957		REGISTRAR'S SIGNATURE L. J. Williams	25. FUNERAL DIRECTOR ADDRESS Wm. Cook, Inc., 1217 St. Paul St.		

1930

STATE OF NEW YORK

1930

IN SENATE
JANUARY 15, 1930
REPORT
OF THE
COMMISSIONER OF THE
DEPARTMENT OF
CORRECTIONS
AND
JAIL HOUSES
FOR THE YEAR
1929
ALBANY:
JAMES B. LEE,
PRINTERS
1930

450

10291

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10291

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Konon Belan</i>			2. DATE OF DEATH <i>Nov. 27, 1951</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>24 Surg. Hal 7 (Bal G)</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY _____		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-007</i>		
c. Length of stay in Baltimore <i>2 years.</i>			d. STREET ADDRESS (If rural, give location) <i>108 S. Wolfe St</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4-15-06</i>	9. AGE (In years last birthday) <i>45</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Sugar Refinery</i>		
11. BIRTHPLACE (State or foreign country) <i>Ukraine</i>			12. CITIZEN OF WHAT COUNTRY? <i>Ukraine</i>		
13. FATHER'S NAME <i>Stepan Belan</i>			14. MOTHER'S MAIDEN NAME <i>Cena Stachinko</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <i>215-30-0276</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS _____		

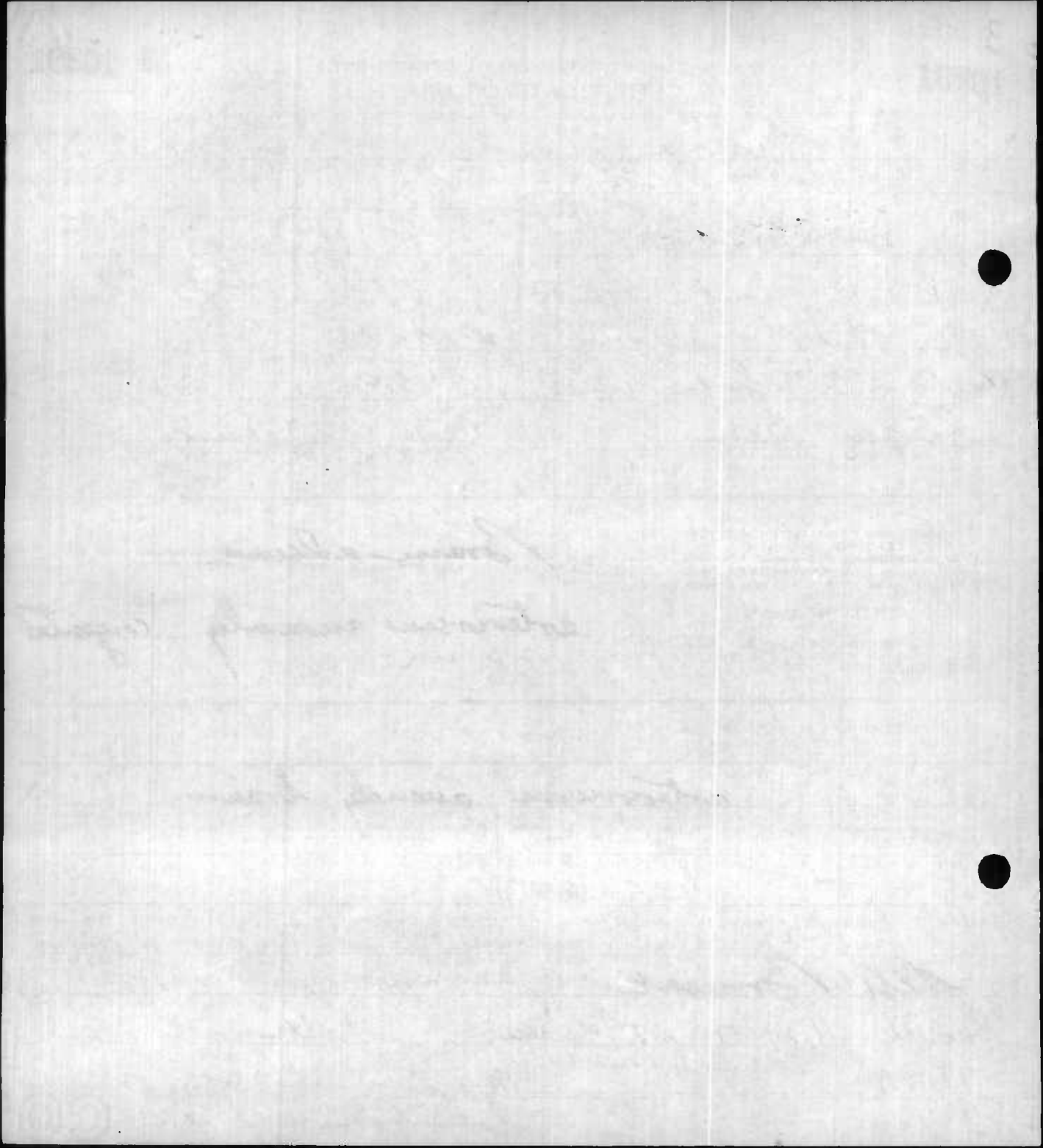
18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Brain edema</i>	CAUSE OF DEATH (A) <i>Brain edema</i> DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>arteriovenous anomaly - congenital of brain</i> DUE TO _____	(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION <i>26 Nov 51</i>	19B. MAJOR FINDINGS OF OPERATION <i>arteriovenous anomaly brain</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *11-24-*, 19*51*, to *11-27-*, 19*51*, that I last saw the deceased alive on *11-27*, 19*51*, and that death occurred at *6:25 P.*, from the causes and on the date stated above.

23A. SIGNATURE <i>M. F. Salowski</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11/27/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>11/29/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Andrew</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore Co., Md.</i>	25. FUNERAL DIRECTOR <i>M. F. Salowski & Sons Eastern Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 28 1951</i>		

MEDICAL CERTIFICATION



34
1 10292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10292

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CONRAD M. FRIEDEL

2. DATE
OF
DEATH

11-27-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

C. CITY OR TOWN

Baltimore.

D. STREET ADDRESS (If rural, give location)

2420 E. Lafayette Avenue - 13

C. Length of stay in Baltimore

life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

7-14-99

9. AGE (In years last birthday)

52

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Swedish Masseuse

10B. KIND OF BUSINESS OR INDUSTRY

Danny Frush- Mathias

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Friedel

Building

14. MOTHER'S MAIDEN NAME

Catherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

W. Friedel - 1751 Baranell St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anterior Artery Occlusion

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardio Vascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-26-1951 to 11-27-1951, that I last saw the deceased alive on 11-27-1951, and that death occurred at 11:20pm., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

E. J. Coffey Jr.

1400 N. Caroline Street - 13

11-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

12-1-51

Holy Redeemer

Balto - Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1951

William Williams, M.D.

Lilly + Ziler - 403 S. Wolfe St.

MEDICAL CERTIFICATION

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452
1 10293BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10293

1. NAME OF DECEASED (Type or Print) Anna F. Flannigan		2. DATE OF DEATH Nov. 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY 19-03	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 9 S. Stricker St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 9 S. Stricker St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) operated	8. DATE OF BIRTH Aug. 8, 1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Finisher		10B. KIND OF BUSINESS OR INDUSTRY Haas Co.	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME James Boone		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215 03 501	
17. INFORMANT Mrs. Margaret Evans, 9 S. Stricker St		ADDRESS	
18. 170x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, breast, CAUSE OF DEATH (A) Carcinoma, breast, DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) malnutrition DUE TO (C) malnutrition OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 18 mos	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March , 19 47 to November 19 51 , that I last saw the deceased alive on 27 Nov. 1951 , and that death occurred at m. , from the causes and on the date stated above.			
23A. SIGNATURE H. Bayless		23B. ADDRESS 1600 Wilkens Ave	
23C. DATE SIGNED 28 Nov 51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 29/51	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 28 1951		25. FUNERAL DIRECTOR Harry F. Hutzler	
REGISTERAR'S SIGNATURE William Williams		ADDRESS 101 Edmondson Ave.	

1917

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525
15294CERTIFICATE CORRECTED 12-11-51
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10294

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JOHNSON

2. DATE
OF
DEATH

Nov 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

MARYLAND GENERAL

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

634 W. LAFAYETTE AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

634 W. LAFAYETTE AVE

5. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SEPERATED.

8. DATE OF BIRTH

2-1-1894

9. AGE (In years
last birthday)

57

10 Under 1 Year
Months: Days

9 23

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER.

10B. KIND OF BUSINESS OR
INDUSTRY

Syn

13. FATHER'S NAME

RUFUS JOHNSON. VA.

14. MOTHER'S MAIDEN NAME

ALICE MASON VA.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

VIRGINIA JOHNSON. 1209 ARGYLE AVE

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Heart Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Inspection and thereon and from
the evidence obtained by said Autopsy, Inspection and Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Nov. 25, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

11-30-51

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN CEM.

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

NOV 28 1951

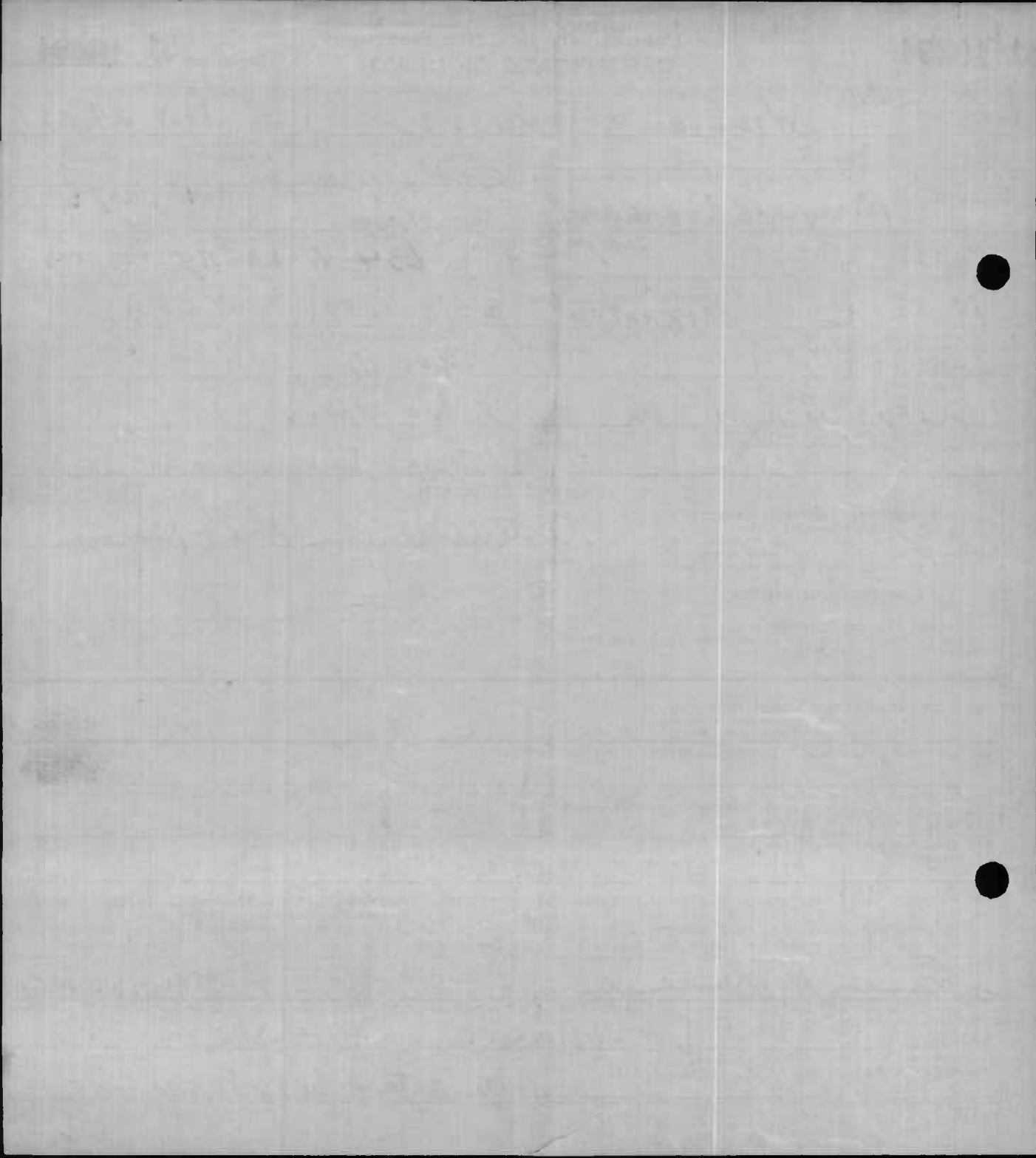
REGISTRAR'S SIGNATURE

Stanley H. Dureacher, M.D.

25. FUNERAL DIRECTOR

Wm. A. JACKSON. 916 PENNA. AVE.

ADDRESS



400
51 10295BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 51 10295

BIRTH NO. *non res*1. NAME OF DECEASED
(Type or Print)

WILLIAM L. COLLEY

2. DATE
OF
DEATH

11/28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hoop

C. Length of stay in Baltimore

14 hrs

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

May 1951

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

6

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Colley

14. MOTHER'S MAIDEN NAME

Frances Sparling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Father

ADDRESS

18.

570.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Toxemia

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A)
DUE TO(B)
DUE TO

(C)

Intussusception - gangrene 2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 27, 1951

19B. MAJOR FINDINGS, OF OPERATION

Intussusception - Cecal valve to the
splenic flexure. Strangulated

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORKNOT WHILE
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/27 1951, to 11/28, 1951, that I last saw the
deceased alive on 11/28 1951, and that death occurred at 10⁰⁰ Am., from the causes and on the date stated above.

23A. SIGNATURE

Henry C. Langenfelder

M. D.

23B. ADDRESS

University Hoop

23C. DATE SIGNED

11/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-28-1951

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Leighton

(State)

Pa

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

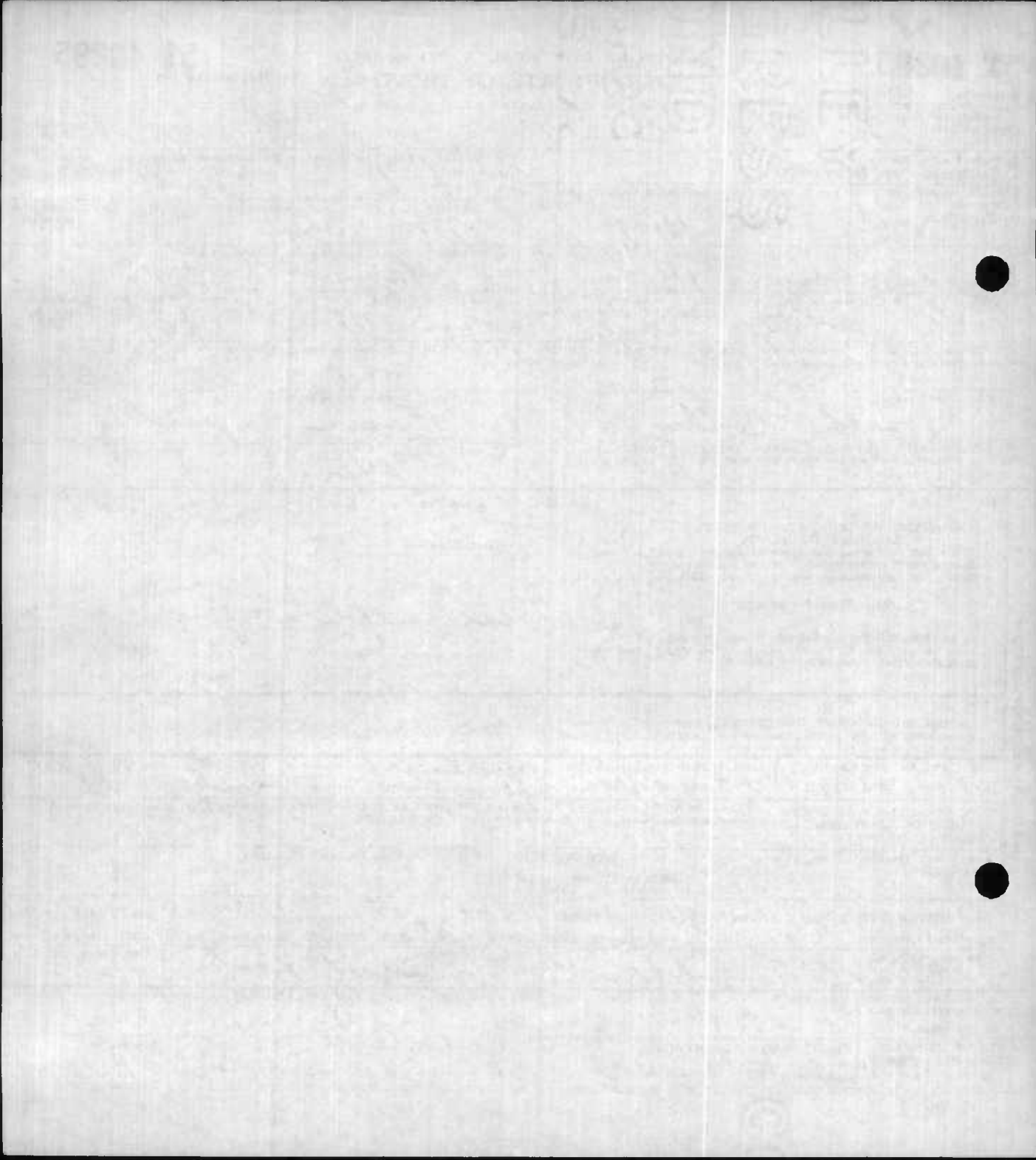
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Tuckert & Sons

ADDRESS

Baltimore



51 10296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10296

Registered No.

BIRTH NO. 51-27515

1. NAME OF DECEASED
(Type or Print)

BABY BOY GEMMILL

2. DATE
OF
DEATH

November 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Hospital for Women of Maryland

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Lutherville

D. STREET ADDRESS (If rural, give location)

Broadway Road - 5300

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

November 23, 1951

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Russell Gemmill

14. MOTHER'S MAIDEN NAME

Catherine McKinnon Komer.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

776 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1951, to 11-25, 1951, that I last saw the
deceased alive on 11-25, 1951, and that death occurred at 12:00 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

11-26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

11/27/51

Baltimore City Morgue

700 Fleet St

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 28 1951

Huntington Williams, M.D.

R. S. Fisher M.D.

700 Fleet

16-33-51
9-15-51

51 10297

51 10297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-25381

1. NAME OF DECEASED
(Type or Print)

Baby Boy Niles

2. DATE
OF
DEATH

11-10-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

6-01

before admission)

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

104 North Ellwood Ave

C. Length of stay in Baltimore

9 days 4 hrs.

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

11-1-51

9. AGE (In years
last birthday)

9 4 9

10 Under 1 Year
Months: Days

9 4 9

11 Under 24 Hours
Hours: Min.

9 4 9

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY

United States

13. FATHER'S NAME

Donald Edward Niles

14. MOTHER'S MAIDEN NAME

Arcy Quesenberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Mother.

ADDRESS

104 North Ellwood Ave

18. 754.4 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Congenital Heart Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-51 to 11-10-51, 1951 that I last saw the
deceased alive on 11-10-51, 1951, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. P. Vicente

23B. ADDRESS

Maryland Gen. Hosp.

23C. DATE SIGNED

11-12-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremation

24B. DATE

11/27/51

24C. NAME OF CEMETERY OR CREMATORY

City Morgue

24D. LOCATION (City, town, or county)

700 Fleet St

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

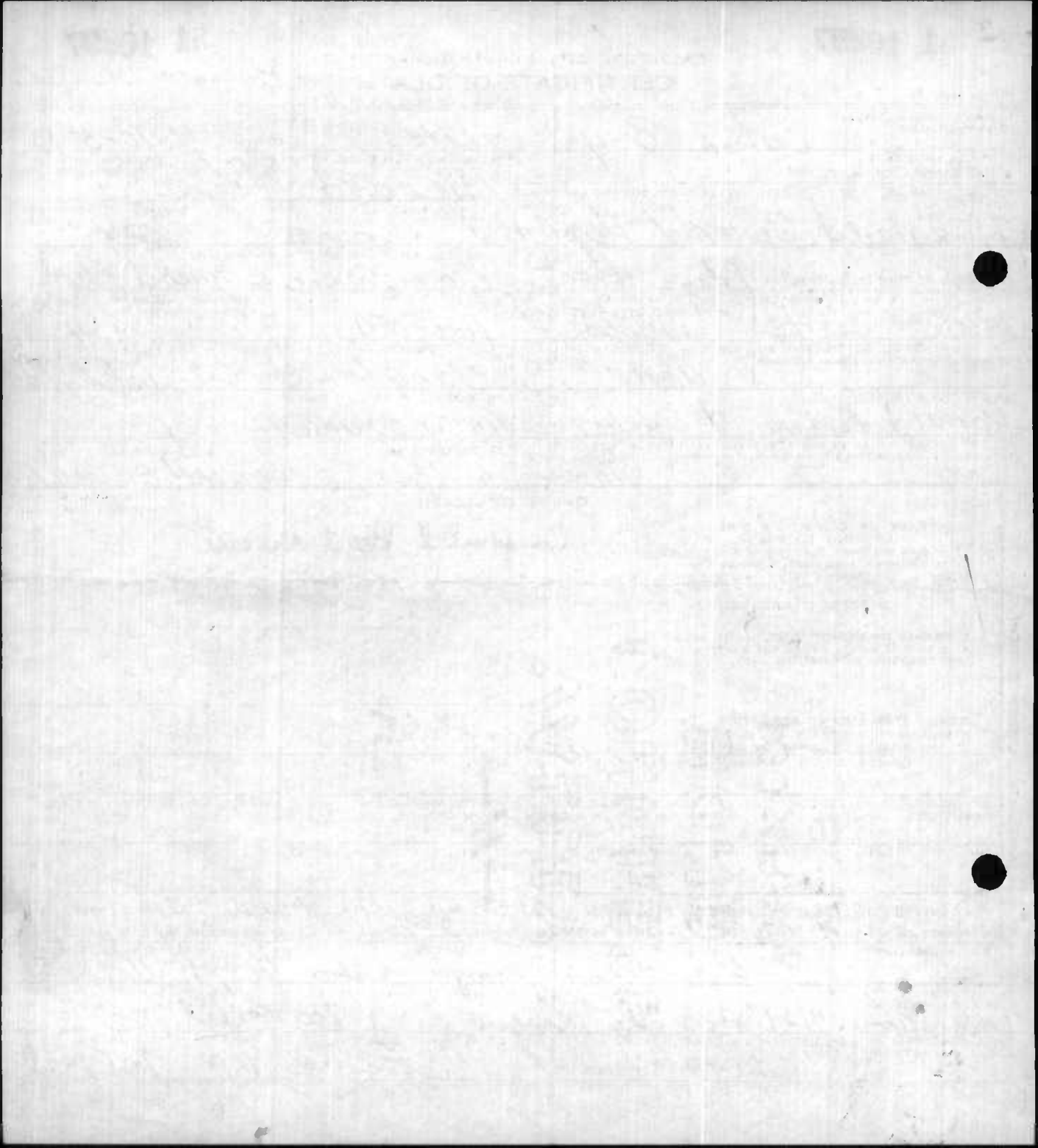
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R S Fisher MO

ADDRESS

700 Fleet St



635
51 10298BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10298

BIRTH NO. 51-26945

1. NAME OF DECEASED
(Type or Print)

BABY BOY MARTIN

2. DATE
OF
DEATH

11/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Luisi Hosp.

C. Length of stay in Baltimore

2

Yes
Mee-
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11/17/51

9. AGE (In years
last birthday)

2 days

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM MARTIN

14. MOTHER'S MAIDEN NAME

DOROTHY GEROGHTY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 771.5 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

adrenal hemorrhages

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pneumonia

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/17/1951 to 11/20/1951 that I last saw the
deceased alive on 11/20/1951 and that death occurred at 1 A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

11/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

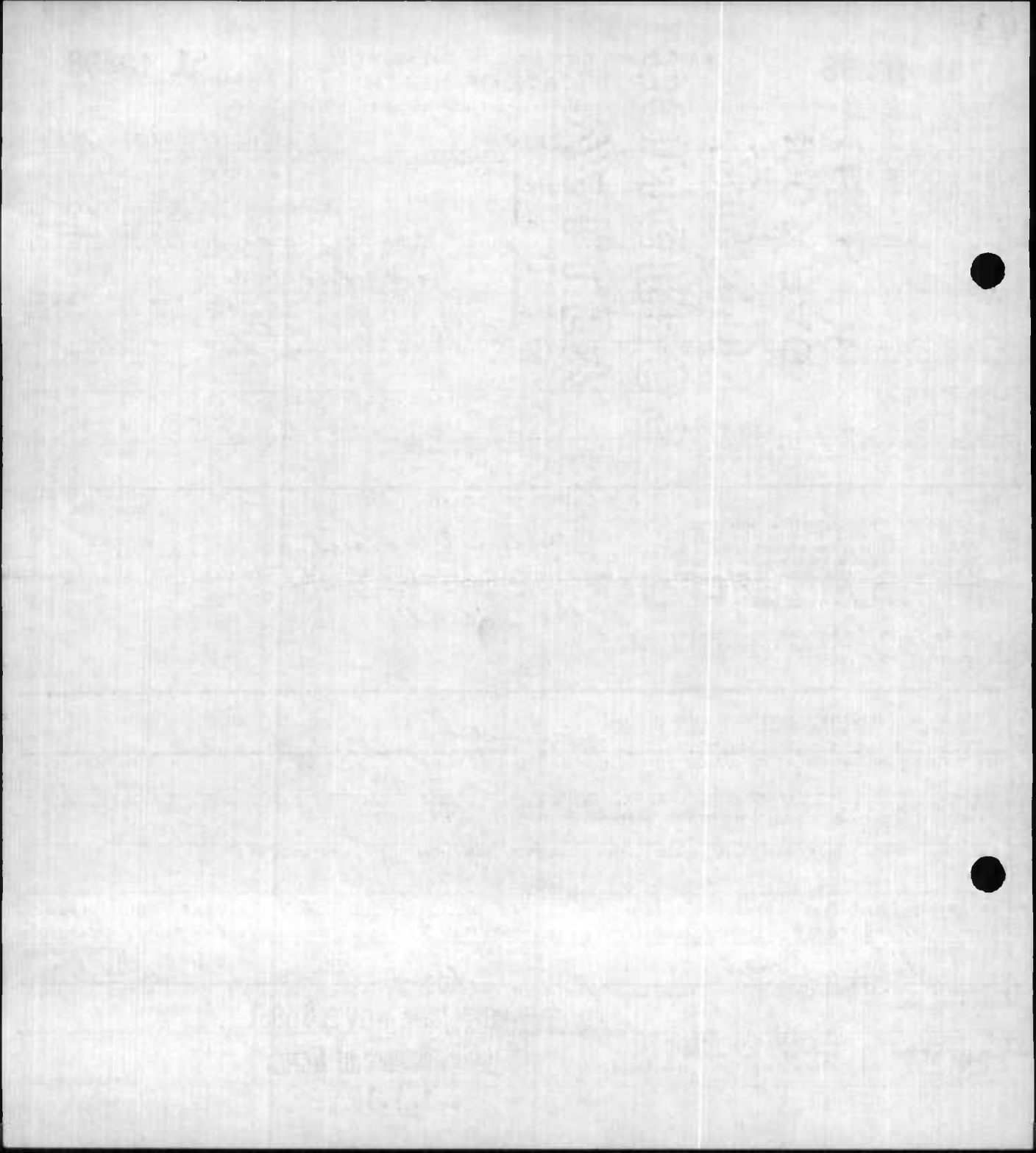
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

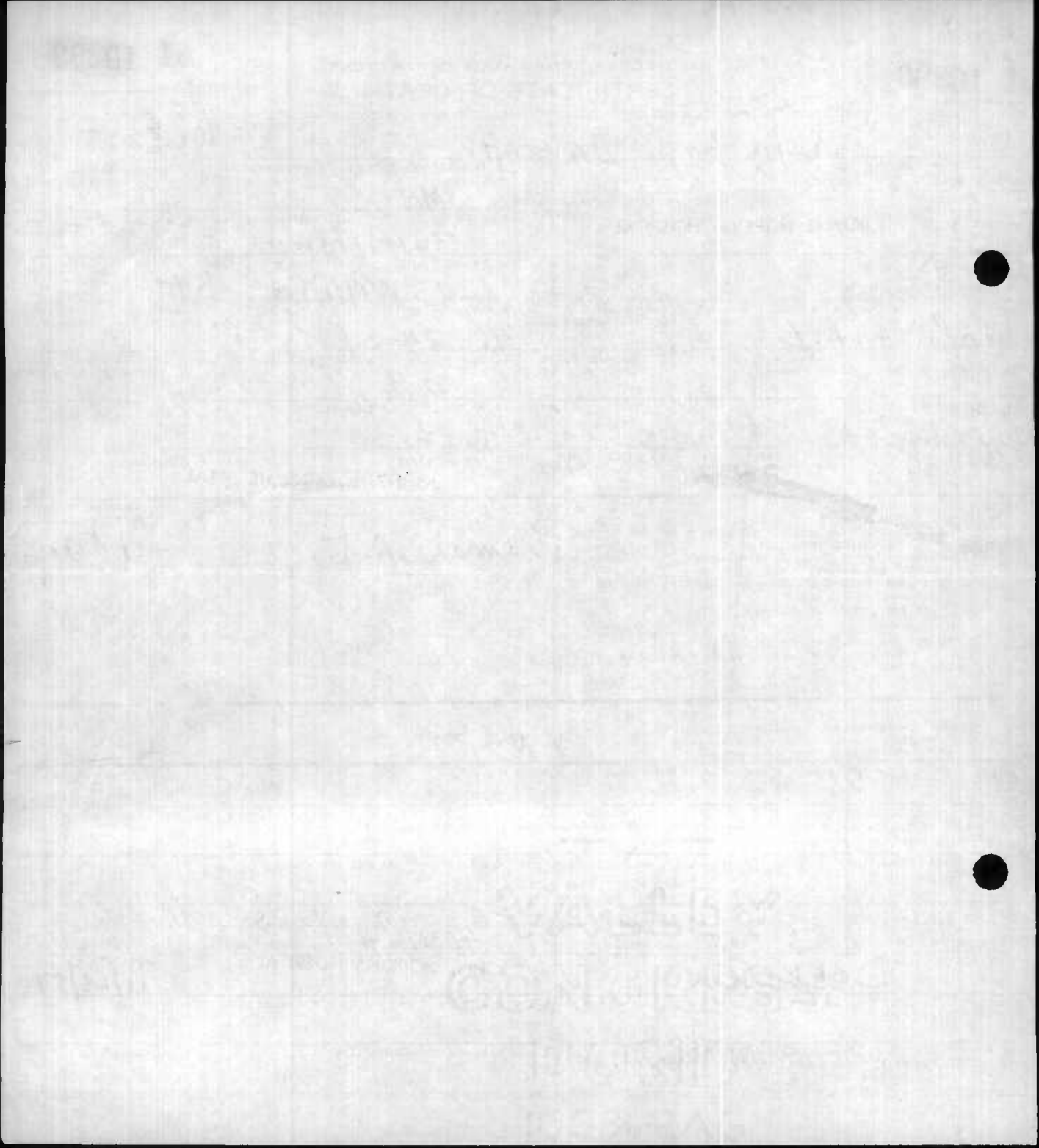
25. FUNERAL DIRECTOR

ADDRESS

JOHN HOPKINS MEDICAL SCHOOL NOV 28 1951
Commissioner of Health



<h1 style="margin: 0;">Hospital Disposal</h1> <p style="margin: 0;">BALTIMORE CITY HEALTH DEPARTMENT</p> <h2 style="margin: 0;">CERTIFICATE OF DEATH</h2>		<p style="font-size: 1.5em; margin: 0;">51 10299</p> <p style="margin: 0;">Registered No. _____</p>	
<p>43p</p> <p>1 10299</p> <p>BIRTH NO. <u>51-27203</u></p>			
<p>1. NAME OF DECEASED (Type or Print) <u>Baby boy Dawalt</u></p>		<p>2. DATE OF DEATH <u>NOV 23 1951</u></p>	
<p>3. PLACE OF DEATH: A. Baltimore City, Maryland</p>		<p>4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Md.</u> B. COUNTY _____</p>	
<p>B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u></p>		<p>C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u></p>	
<p>c. Length of stay in Baltimore</p>		<p>D. STREET ADDRESS (If rural, give location) <u>1203 William St</u></p>	
<p>5. SEX <u>male</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S.</u></p>	<p>8. DATE OF BIRTH <u>11-20-51</u></p>
<p>10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</p>		<p>11. BIRTHPLACE (State or foreign country) <u>Md.</u></p>	
<p>13. FATHER'S NAME <u>Christopher Dawalt Jr.</u></p>		<p>14. MOTHER'S MAIDEN NAME <u>Esther</u></p>	
<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO.</p>	
		<p>17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u></p>	
<p>18. <u>776 x</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p>		<p>CAUSE OF DEATH <u>Prematurity</u></p>	
<p>ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u></p>	
<p>19A. DATE OF OPERATION <u>0</u></p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>	
<p>21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/></p>		<p>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</p>	
<p>21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>21D. TIME (Month) (Day) (Year) (Hour) INJURY</p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>22. I hereby certify that I attended the deceased from <u>11-20-</u>, 1951, to <u>11-23-</u>, 1951, that I last saw the deceased alive on <u>11-23-</u>, 1951, and that death occurred at <u>1030 P.M.</u>, from the causes and on the date stated above.</p>			
<p>23A. SIGNATURE <u>J. Kaiser</u></p>		<p>23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u></p>	
<p>24A. BURIAL, CREMATION, REMOVAL (Specify)</p>		<p>24C. NAME OF CEMETERY OR CREMATORY <u>Hosp Disposal</u></p>	
<p>24B. DATE</p>		<p>24D. LOCATION (City, town, or county) (State) <u>11/24/51</u></p>	
<p>DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 29 1951</u></p>		<p>25. FUNERAL DIRECTOR ADDRESS</p>	



623
51 10300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10300
Registered No.

BIRTH NO. 51-24829

1. NAME OF DECEASED
(Type or Print)

Baby Girl Proctor

2. DATE
OF
DEATH

Nov. 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

320 N. Carey st

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-14-51

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Prematurity

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1951, to 11/15, 1951, that I last saw the
deceased alive on 11/15, 1951, and that death occurred at 1205 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. [Signature]

M. D.

23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

11/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Hosp. Burial

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

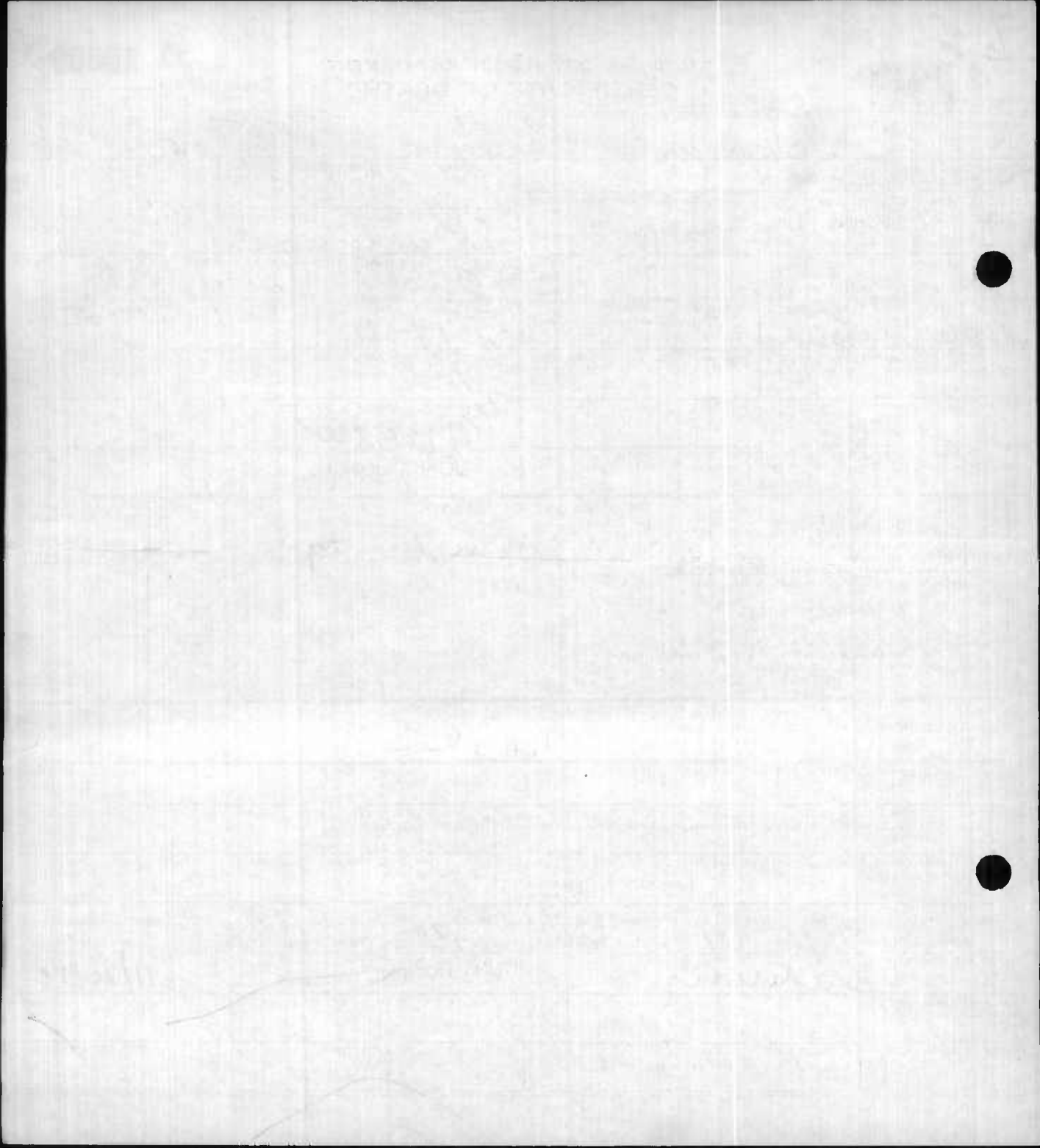
REGISTRAR'S SIGNATURE

J. J. [Signature]

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1951



635
51 10301 51-26652

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10301
Registered No.

1. NAME OF DECEASED (Type or Print)		Baby "A" Gordon		2. DATE OF DEATH November 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital				6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore				8. STREET ADDRESS (If rural, give location) 1604 Harlem Avenue - 17	
9. SEX Female	10. COLOR OR RACE Negro	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		12. DATE OF BIRTH 11/11/51	
13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Infant		14. KIND OF BUSINESS OR INDUSTRY		15. AGE (in years last birthday) 12	
16. FATHER'S NAME Herman Gordon				17. MOTHER'S MAIDEN NAME Doris Pinkard (560062)	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		19. SOCIAL SECURITY NO.		20. CITIZEN OF WHAT COUNTRY?	
21. INFORMANT Hospital records				22. ADDRESS	

23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 776x I Immaturity		24. CAUSE OF DEATH (A) DUE TO Premature labor (B) DUE TO (C) DUE TO		25. INTERVAL BETWEEN ONSET AND DEATH	
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hydramnios			

28. DATE OF OPERATION 2		29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		32. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)		33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
34. TIME (Month) (Day) (Year) (Hour) INJURY		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		36. HOW DID INJURY OCCUR?	
37. I hereby certify that I attended the deceased from 11/11, 1951, to 11/12, 1951, that I last saw the deceased alive on 11/12, 1951, and that death occurred at 2.00A.M., from the causes and on the date stated above.					
38. SIGNATURE George W. Corner, Jr.		39. ADDRESS The Johns Hopkins Hospital		40. DATE SIGNED 11/14/51	
41. BURIAL, CREMATION, REMOVAL (Specify)		42. DATE		43. NAME OF CEMETERY OR CREMATORY Hop Deford	
44. DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		45. REGISTRAR'S SIGNATURE L. Williams, Jr.		46. FUNERAL DIRECTOR ADDRESS	

Frank ...

-odel ...

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635
51 10302
BIRTH NO. 51-26653BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10302
Registered No.1. NAME OF DECEASED
(Type or Print)

Baby "B" Gordon

2. DATE
OF
DEATH November 11, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Johns Hopkins Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11/11/51

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

8 25

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Gordon

14. MOTHER'S MAIDEN NAME

Doris Pinkard

(560062)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18. 776 x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11, 1951, to 11/11, 1951, that I last saw the
deceased alive on 11/11, 1951, and that death occurred at 10:30 Pm., from the causes and on the date stated above.

23. SIGNATURE

George W. Corner, Jr.

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

11/14/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Rocky Mount

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 29 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

SECRET

SECRET

1. *Interim*
Interim

Interim

Interim

635
51 10303
BIRTH NO. 51-26654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10303
Registered No.

1. NAME OF DECEASED (Type or Print) Baby "C" Gordon		2. DATE OF DEATH November 12, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1604 Harlem Avenue - 17	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/11/51
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 11
13. FATHER'S NAME Horman Gordon		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital records		12. CITIZEN OF WHAT COUNTRY? 11 25	
14. MOTHER'S MAIDEN NAME Doris Pinkard (560062)		12. CITIZEN OF WHAT COUNTRY? 11 25	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 726 X I CAUSE OF DEATH Immaturity (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Premature labor (B) DUE TO Hydramnios (C)	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/11, 1951, to 11/12, 1951 that I last saw the deceased alive on 11/12, 1951, and that death occurred at 2.00Am., from the causes and on the date stated above.					
23A. SIGNATURE George W. Carver Jr.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 11/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hopkinton	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		24F. REGISTRAR'S SIGNATURE Hester Williams, M.D.	
25. FUNERAL DIRECTOR		25A. ADDRESS		25B. ADDRESS	

159

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

— 1842 —

James H. ...

WCA
6254 10304

HOSP. DISPOSAL

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

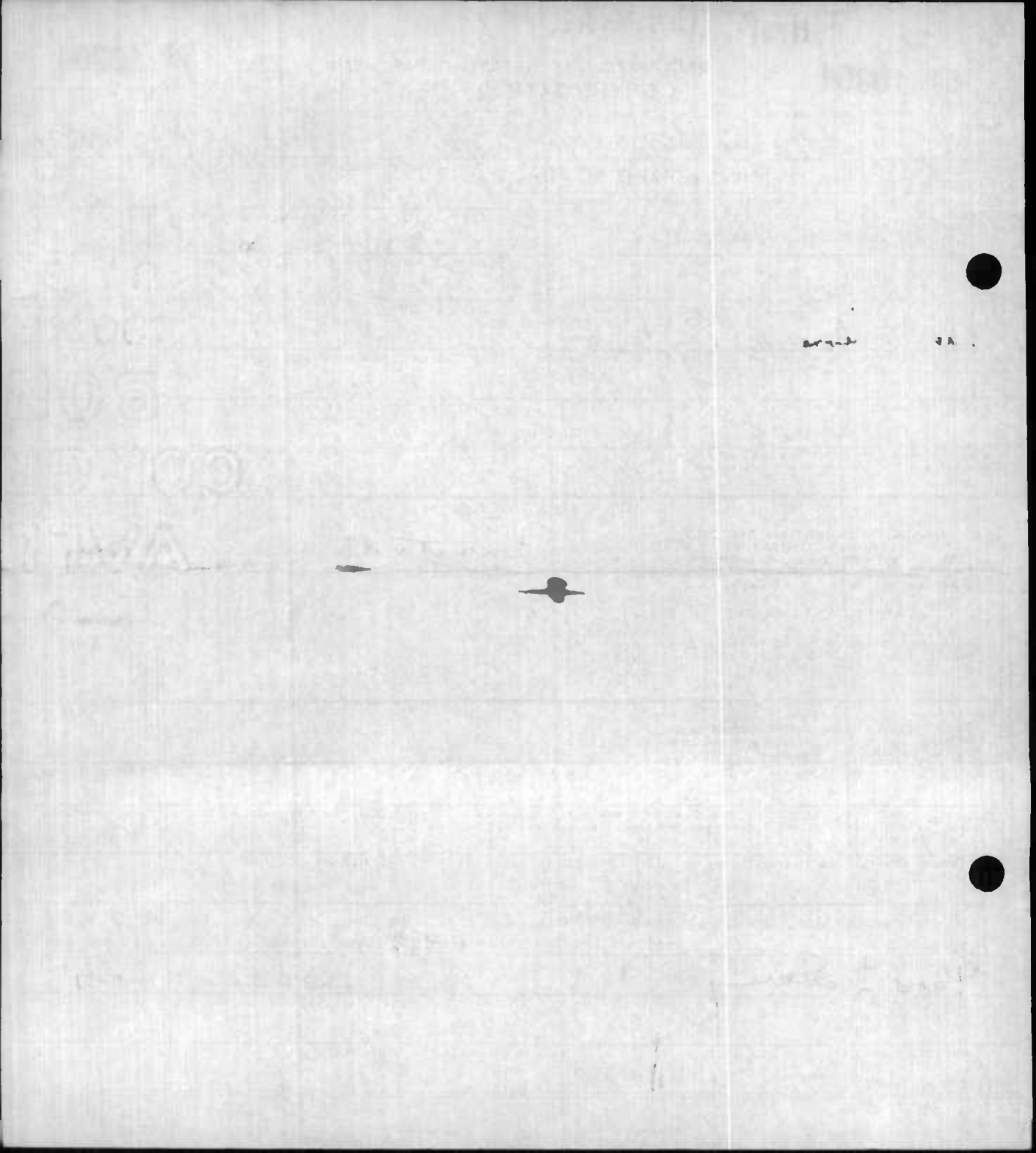
51 10304
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Baby Boy Berger</i>		2. DATE OF DEATH <i>Oct 17, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>JOHNS HOPKINS HOSPITAL</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Harford</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Harre de Grace</i>	
D. STREET ADDRESS (If rural, give location) <i>6235 Box 243</i>			
5. Length of stay in Baltimore Yrs. Mos. Days			
6. SEX <i>Male</i>	7. COLOR OR RACE <i>Colored</i>	8. DATE OF BIRTH	9. AGE (In years last birthday) <i>1</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <i>Rosetta</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. 776 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Prematurity</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>	
DUE TO (A)					
DUE TO (B)					
DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10/17/51</i> , 19 <i>51</i> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at about <i>2:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David L. Spary</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>10-18-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Harpis DeGloire</i>	
				24D. LOCATION (City, town, or county) (State)	

DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 29 1951</i>		REGISTRAR'S SIGNATURE <i>Washington Williams</i>		25. FUNERAL DIRECTOR <i>0304</i>	
				ADDRESS	



532

ND-1533851 10305

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10305

BIRTH NO. 51-24925

1. NAME OF DECEASED
(Type or Print)

Baby Boy Dantzler (Willie Mae)

2. DATE

OF DEATH 11-7-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1416 E. Pratt St. (31)

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 24, 1951

9. AGE (in years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roy Dantzler

14. MOTHER'S MAIDEN NAME

Willie Mae Randolph

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 760.5 I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Injury

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Life

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

Life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10-24, 1951, to 11-7, 1951, that I last saw the
deceased alive on 11-7, 1951, and that death occurred at 7p m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Avenue

11-20-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

11-17-51

B.C.H. Crematory

4940 Eastern Avenue

DATE RECEIVED BY
LOCAL REGISTRAR

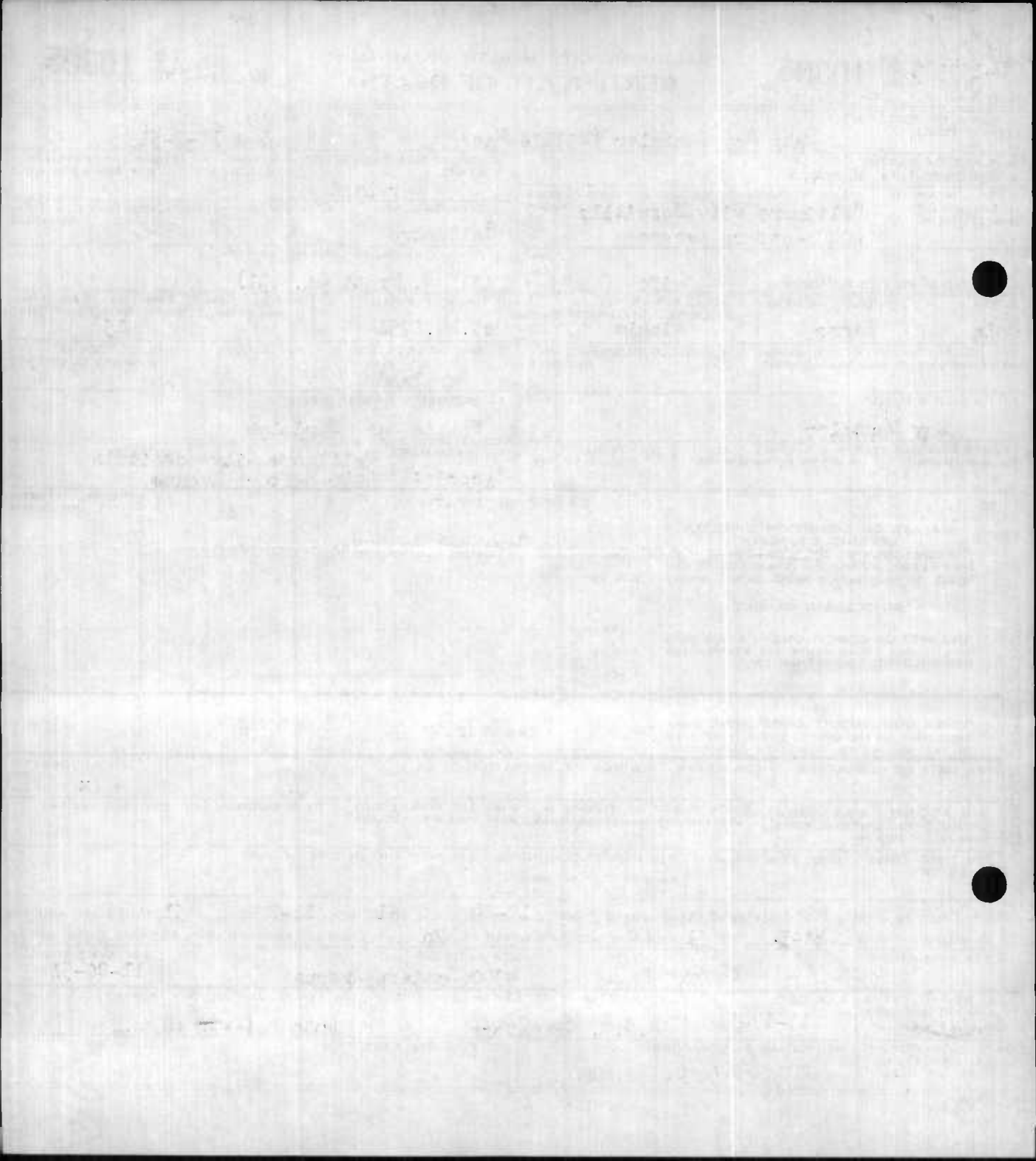
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1951

Wm. J. Williams, M.D.



416

BALTIMORE CITY HEALTH DEPARTMENT

51 10306

BIRTH NO. 51 10306

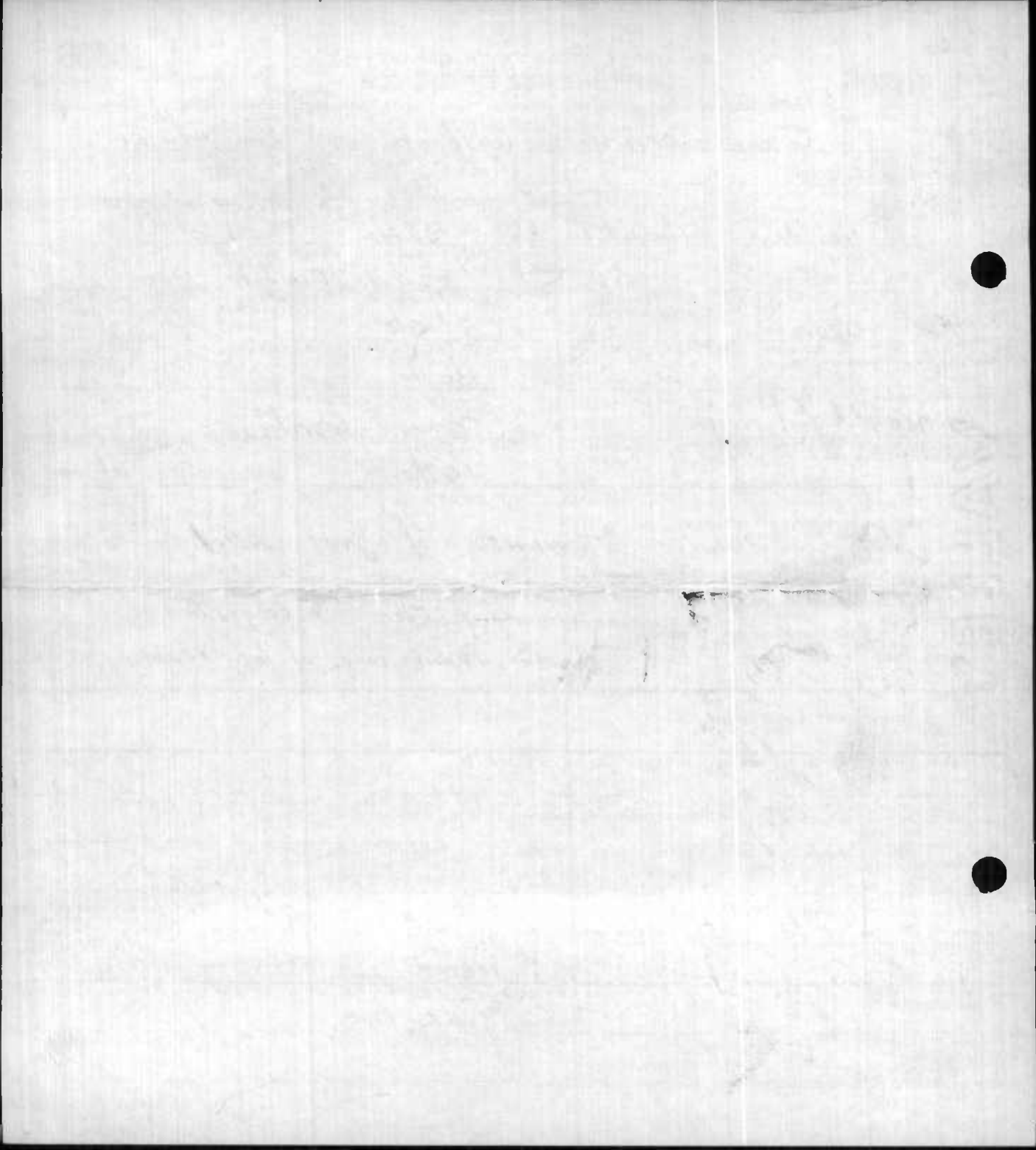
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) Gary Dennis Wilborne		2. DATE OF DEATH 11/3/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ba Ho. 16-03	
C. Length of stay in Baltimore 50 Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days		D. STREET ADDRESS (If rural, give location) 829 N. Fulton Ave	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9/15/51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 50	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ba Ho.	
13. FATHER'S NAME Ernest A. Horne		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother		ADDRESS See above	

18. 754.6 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Transposition of great vessels DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Pulmonary Edema + Congestion DUE TO Chronic passive cong. of liver + spleen		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/15, 1951 to 11/3, 1951 that I last saw the deceased alive on 11/3, 1951 and that death occurred at 3:15 p.m. from the causes and on the date stated above.					
23A. SIGNATURE A. Louis Jones		23B. ADDRESS 1100 Penn St		23C. DATE SIGNED 11/8/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		24F. REGISTRAR'S SIGNATURE William H. ...	
25. FUNERAL DIRECTOR		ADDRESS			



2 50
51 10302

REA 153893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10307

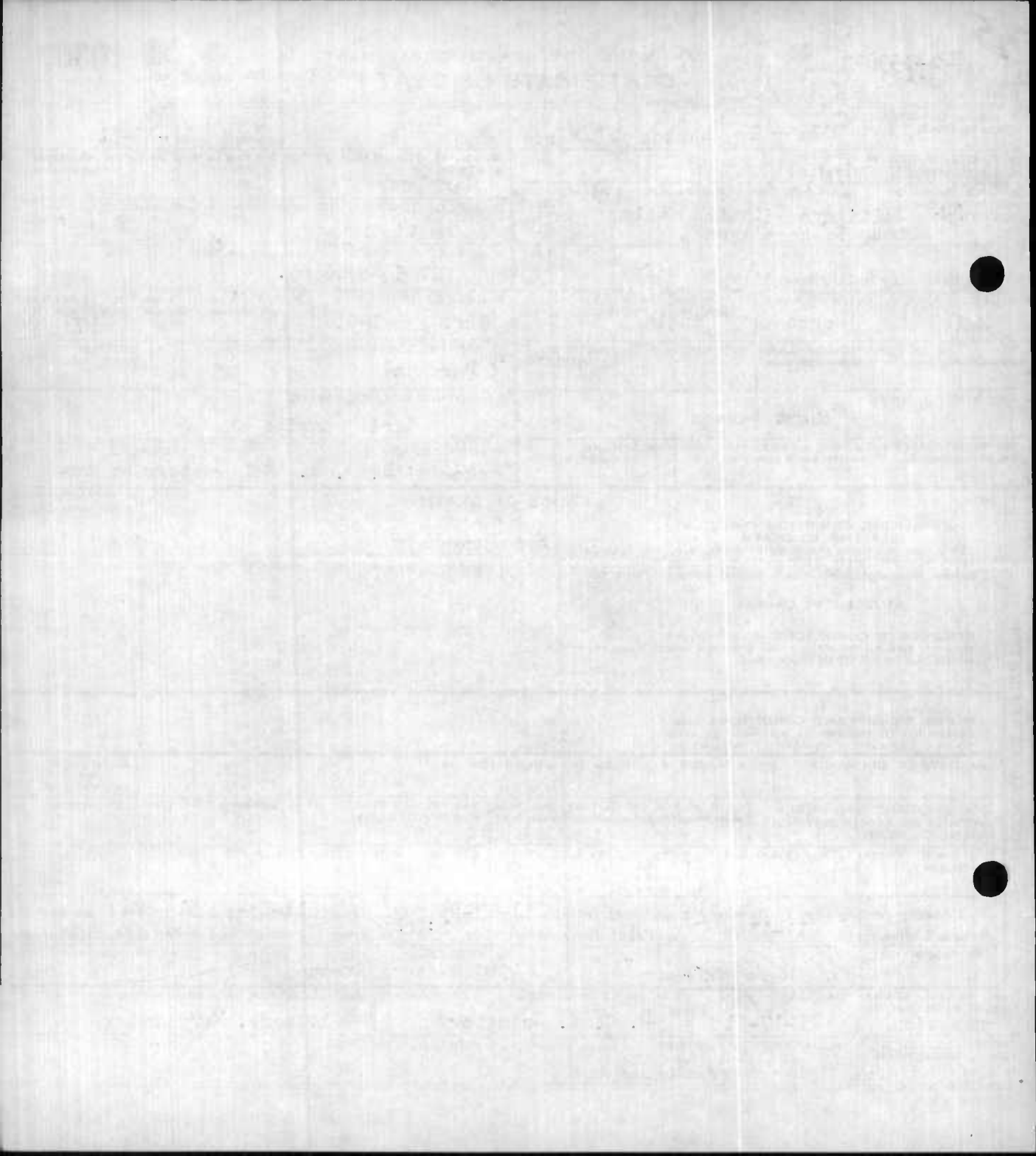
Registered No.

BIRTH NO. 51-26622

1. NAME OF DECEASED (Type or Print) Baby Boy Lawson "B" Marie		2. DATE OF DEATH 11-13-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-32	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2725 Round Rd.	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 13, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Robert Lawson		14. MOTHER'S MAIDEN NAME Marie Jenkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hydrancephaly		INTERVAL BETWEEN ONSET AND DEATH Life	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-13-51, to 11-13-51, that I last saw the deceased alive on 11-13-51, and that death occurred at 1:20 p.m., from the causes and on the date stated above.			
23A. SIGNATURE H. Cohen		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 11-17-51	
24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE W. Williams	
25. FUNERAL DIRECTOR		ADDRESS	

157a

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10308**

35 Hospital Disposal
BIRTH NO. **51-26249**

1. NAME OF DECEASED (Type or Print) Baby Boy FRIEDMAN			2. DATE OF DEATH NOV 14, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland HLH-PIY			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-12		
7. Length of stay in Baltimore Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) 3454 PARK Hts. Ave.		
9. SEX MALE	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	12. DATE OF BIRTH 11-8-51		13. AGE (in years last birthday) Months Days Hours Min. 6
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		15. KIND OF BUSINESS OR INDUSTRY		16. BIRTHPLACE (State or foreign country)	
17. FATHER'S NAME ELLIS FRIEDMAN			18. MOTHER'S MAIDEN NAME		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.		21. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	

MEDICAL CERTIFICATION

18. 760.51 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intracranial hemorrhage DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Prematurity DUE TO (B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C)		

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
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19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-8-1951** to **11-14-1951**, that I last saw the deceased alive on **11-14-1951**, and that death occurred at **13³⁰ A.M.**, from the causes and on the date stated above.

23A. SIGNATURE S. H. Kaiser		23B. ADDRESS JOHNS HOPKINS HOSPITAL M. D.		23C. DATE SIGNED 11/14/51	
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24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Hope Cemetery		24D. LOCATION (City, town, or county) (State)	
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DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
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51425
51-10309BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10309
Registered No.

BIRTH NO. 51-26752

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Baby Boy Wilson			November 13, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION The Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1748 East 25th Street - 13		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 11/11/51	9. AGE (In years last birthday) 2	10. Under 1 Year Months Days 2
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			11. BIRTHPLACE (State or foreign country) Maryland		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME John Wilson		
14. MOTHER'S MAIDEN NAME Rita Lomanico (56006 2)			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Hospital records		

18. 761.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Multiple blood vessel ruptures (B) Traumatic Breech Delivery (C) Excessive Size infant	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/11, 1951, to 11/13, 1951, that I last saw the deceased alive on 11/13, 1951, and that death occurred at 12:35 P.M., from the causes and on the date stated above.					
23A. SIGNATURE George W. Corner, Jr. M. O.		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 11/14/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Harb Deford	
24D. LOCATION (City, town, or county)		24E. (State)			

DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951	REGISTRAR'S SIGNATURE Huntington Williams, Jr.	25. FUNERAL DIRECTOR	ADDRESS
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original from 1875
original from 1875
original from 1875

George W. Carter, Jr.

51 10310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-29082

1. NAME OF DECEASED
(Type or Print)

Baby boy

Therese Krigger

2. DATE
OF
DEATH

12/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home - Hospital

C. Birth of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

1-01

D. STREET ADDRESS (If rural, give location)

2814 Dillman St.

8. DATE OF BIRTH

12/4/51

9. AGE (in years last birthday)

10 Under 1 Year
Months: Days

1

11 Under 24 Hours
Hours: Min.

17 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Krigger, Theodore

14. MOTHER'S MAIDEN NAME

Siciaczka, Anne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Shleiss - Bilal

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

none

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

none

22. I hereby certify that I attended the deceased from 12/4/51, 19__, to 12/6/51, 19__, that I last saw the deceased alive on 12/6/51, 19__ and that death occurred at 6:40 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

Church Home - Hospital

23C. DATE SIGNED

12/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL DEC 10 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

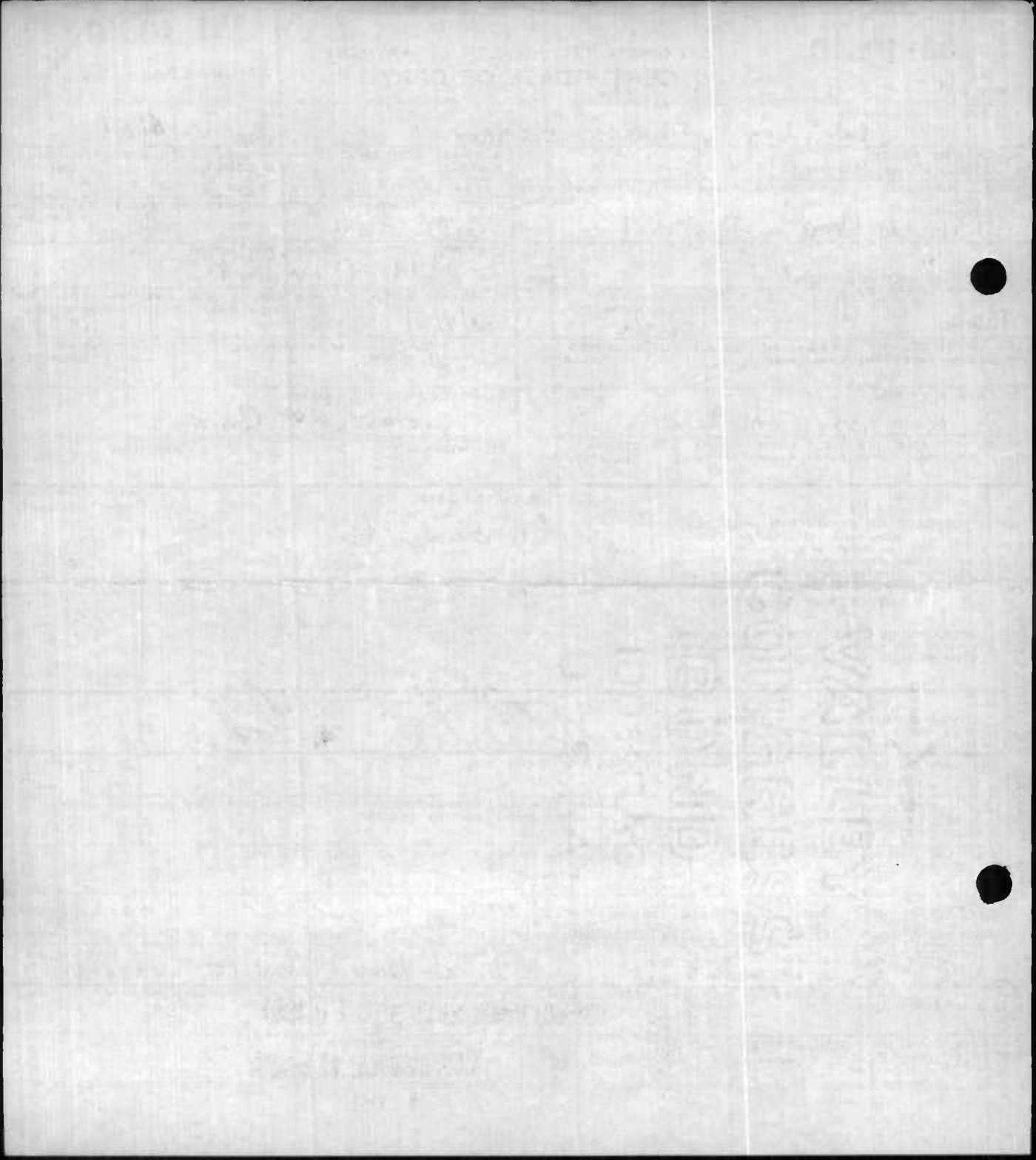
25. FUNERAL DIRECTOR

ADDRESS

DEC 18 1951

Washington, Williams, Hill

Commissioner of Health



125
10311BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10311

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE

HOPSON

2. DATE
OF DEATH November 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1307 N. Eden Street

Length of stay in Baltimore

Yrs.
Mos.
Days

SEX

Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Nov 25, 1913

9. AGE (In years
last birthday) 3810. Under 1 Year Months Days
11. Under 24 Hours Hours Min

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Durham N.C.

12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Hopson

18. 443 X I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

EXCLUDED

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Boyd

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 26, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Buried

24B. DATE

Nov. 29/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Durham N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Boyd

25. FUNERAL DIRECTOR

ADDRESS

Mrs. R. A. Elliott - Dgt.

625
51 10312BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10312

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph F K Harrison

2. DATE
OF
DEATH

Nov 27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland:

Balt

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

331 S Conkling

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

26-08

D. STREET ADDRESS (If rural, give location)

331 S Conkling St

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

May 27 1897

9. AGE (in years
last birthday)

74

10 Under Year 11 Under 24 Hours
Month Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Salesman Retail Standard Oil

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles O Harrison

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elwood Harrison 3031 Abell Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Broncho genic Carcinoma

INTERVAL BETWEEN
ONSET AND DEATH

4 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1951, to Nov. 27, 1951, that I last saw the
deceased alive on Nov. 27, 1951, and that death occurred at 8:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Hammer, Jr. M. D.

23B. ADDRESS

501 Sheridan Ave.

23C. DATE SIGNED

Nov. 27, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

12/1/51

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN

24D. LOCATION (City, town, or county)

BALTIMORE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

NOV 29 1951

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

ULLRICHT FUNERAL HOME ORLEANS

UNITED STATES DEPARTMENT OF THE ARMY
HEADQUARTERS, ARMY
WASHINGTON, D. C.

TO: THE SECRETARY OF THE ARMY
FROM: THE CHIEF OF STAFF
SUBJECT: [Illegible]

[The remainder of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal memorandum or report.]

160
10313

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10313
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Susan Cooper</i>			2. DATE OF DEATH <i>11/27/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Calvert</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>6-05</i>					
C. Length of stay in Baltimore <i>life</i>			D. STREET ADDRESS (If rural, give location) <i>Church Home & Hospital</i>					
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE/MARRIED, WIDOWED/DIVORCED (Specify) <i>widow</i>	8. DATE OF BIRTH <i>Oct 2, 1874</i>		9. AGE (in years last birthday) <i>77</i>		10. Under 1 Year Months: <i>2</i> Days: <i></i> Hours: <i></i> Min: <i></i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Immortal of home</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>James McCaffrey</i>			14. MOTHER'S MAIDEN NAME <i>Margaret A. Harnegan</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>			17. INFORMANT <i>W. Harold Black</i> ADDRESS <i>3308 Magnolia</i>		
18. <i>260X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary occlusion</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis Gen</i> <i>Diabetes mellitus</i>			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>7</i>			19B. MAJOR FINDINGS OF OPERATION			20. 'AUTOPSY' YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>July 5</i> , 19 <i>51</i> , to <i>11/27/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11/27/51</i> , 19 <i>51</i> , and that death occurred at <i>9 P</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Edw. Antonis</i>			23B. ADDRESS <i>Church Home Hosp.</i>			23C. DATE SIGNED <i>11/28/51</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>			24B. DATE <i>11/29/51</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount Cemetery</i>		
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>			24E. LOCAL REGISTRAR <i>Henry Sander & Sons, Inc.</i>			24F. ADDRESS <i>BALTO., 13, MD.</i>		

MEDICAL CERTIFICATION

DATE RECEIVED BY LOCAL REGISTRAR
NOV 29 1951

REGISTRAR'S SIGNATURE
William H. Williams, M.D.

24E. LOCAL REGISTRAR
HENRY SANDER & SONS, INC.
ADDRESS
BALTO., 13, MD.

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250
10314BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10314

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE HUDELL JOHNSON DIXON

2. DATE
OF
DEATH

11-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

Yrs.
Mos.

C. Length of stay in Baltimore

12 yrs. Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

1323 N. Caroline Street - 13

S. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4-26-13

9. AGE (In years last birthday)

38

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Musician

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

EDWARD DIXON

14. MOTHER'S MAIDEN NAME

JESSIE STONER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JESSIE DIXON 1323 N. CAROLINE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastatic carcinomatosis

DUE TO Ca. of the left breast

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

General marasmus.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26-, 19 51 to 11-29, 19 51 that I last saw the deceased alive on 11-29-, 19 51. and that death occurred at 4:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Hans Nybom

23B. ADDRESS

M. D.

1400 N. Caroline Street - 13

23C. DATE SIGNED

11-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12-1-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem. A. A. County Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. S. Locks, Jr. 1304 N. Central Ave

VS 150

059815

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MEDICAL CERTIFICATION

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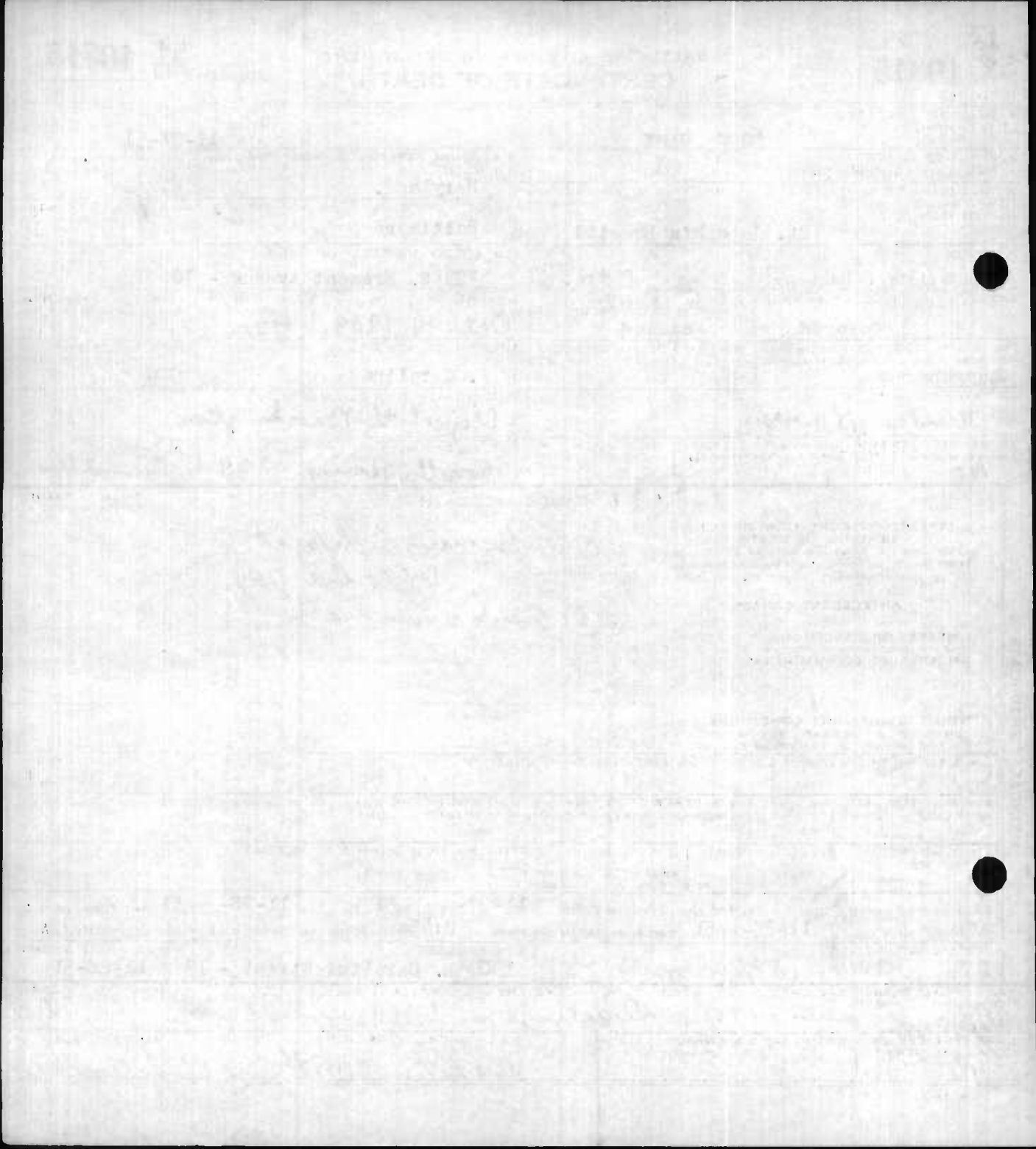
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
BUCK HAMY		11-28-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland.	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		B. COUNTY 22-01	
C. LENGTH OF STAY IN BALTIMORE 9 yrs.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 329 S. Fremont Avenue - 30			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 19, 1909
9. AGE (In years last birthday) 42	10. UNDER 1 YEAR Months: Days:	11. UNDER 24 HOURS Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) S. Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Willie Hammy.		14. MOTHER'S MAIDEN NAME Elizabeth Brockington.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mozella Hammy.
		ADDRESS 329 S. Fremont Ave.	

MEDICAL CERTIFICATION	18.	491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
	ANTECEDENT CAUSES				(A) Pulmonary Infarct ✓ (Rt lower lobe)					
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(B) Bronchopneumonia					
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				(C)					
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
	21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
	22. I hereby certify that I attended the deceased from 11-27-1951, to 11-28-1951, that I last saw the deceased alive on 11-28-1951, and that death occurred at 2:45a.m., from the causes and on the date stated above.									
	23A. SIGNATURE E. P. Coffey Jr.		23B. ADDRESS M. D. 1400 N. Caroline Street - 13		23C. DATE SIGNED 11-28-51					
	24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Dec. 1, 1951		24C. NAME OF CEMETERY OR CREMATORY Arlington, S. C.		24D. LOCATION (City, town, or county) (State) Arlington S. C.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N. [Address]				

94055

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452
51 10316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10316
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Edward Williams		2. DATE OF DEATH 11-24-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Balto.			
8. FULL NAME OF HOSPITAL OR INSTITUTION 211 N. Pine St.		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Balto.			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 211 N. Pine St			
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 1, 1893	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Garysburg N.C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Swinus W. Williams		14. MOTHER'S MAIDEN NAME Katie Cabel		17. INFORMANT Mary Williams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		ADDRESS 211 N. Pine St.	
18. Heart DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Coronary Heart Disease?			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/10/51 , 19 51 , to 11/24/51 , 19 51 , that I last saw the deceased alive on 11/25/51 , 19 51 , and that death occurred at 12:05 PM , from the causes and on the date stated above.					
23A. SIGNATURE W. Garner		23B. ADDRESS 253 Gay St		23C. DATE SIGNED 11/27/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 29, 1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) Cedar Hill, Ind.		25. FUNERAL DIRECTOR Mr. Katie R. Williams		ADDRESS 322 N Schroeder	

MEDICAL CERTIFICATION

01/01/01

RECEIVED BY THE UNITED STATES DEPARTMENT OF JUSTICE

1/1/01

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1/1/01

530
51 10317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

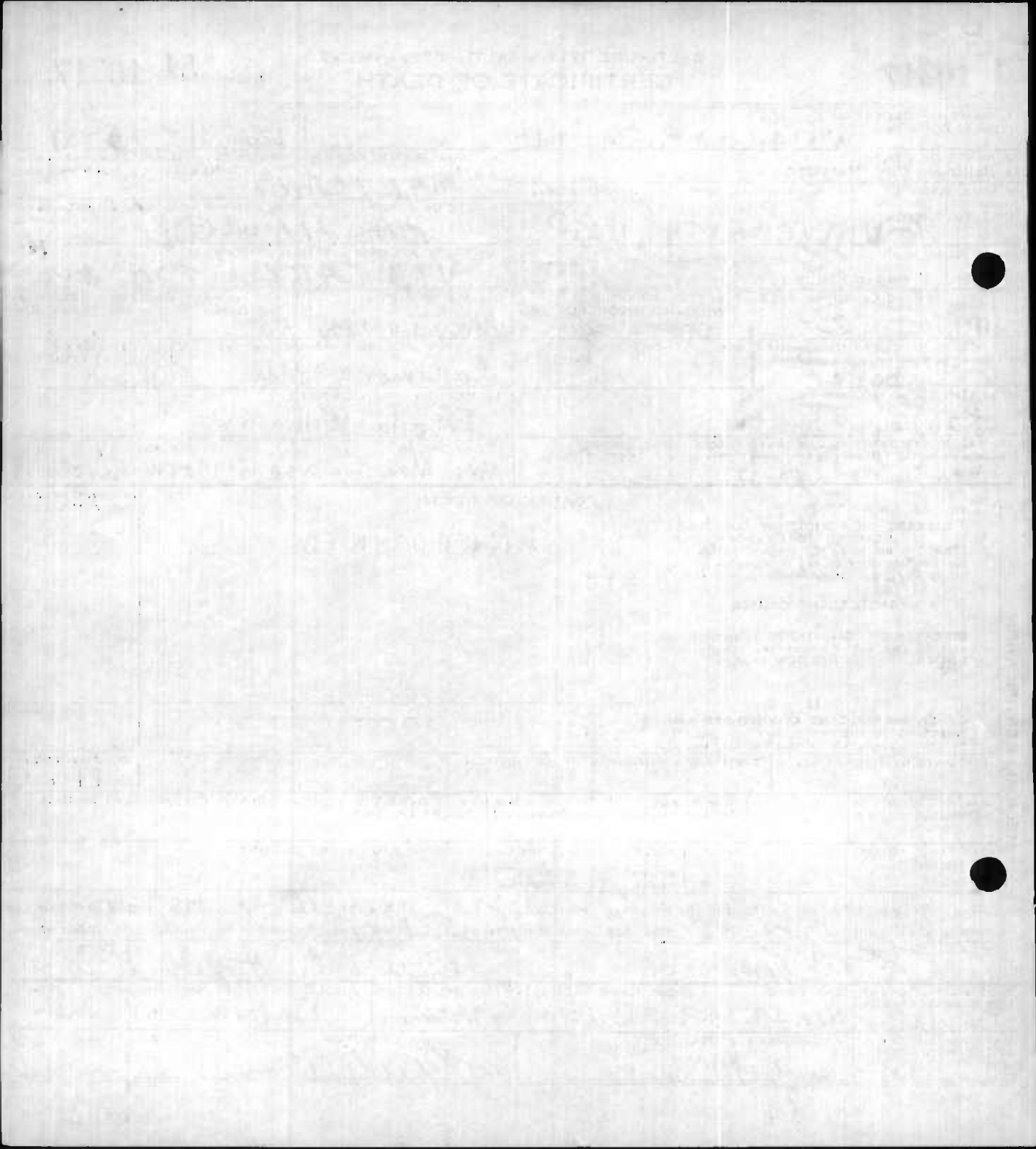
Registered No. 51 10317

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM R. SMITH		2. DATE OF DEATH 11-25-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE UNIVERSITY HOSP		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 413 CARROLLTON AVE		N.	
5. SEX M		6. COLOR OR RACE C	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH May 29, 1896	
9. AGE (In years last birthday) 55		10. Under 1 Year Months: Days	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Randolph Smith.		14. MOTHER'S MAIDEN NAME Estella Williams.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War I.		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Mrs. Mae Robinson, 1708 W. Fayette St.	

MEDICAL CERTIFICATION

18. 493X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO	
(C) DUE TO			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-24 , 19 51 , to 11-25 , 19 51 , that I last saw the deceased alive on 11-24 , 19 51 , and that death occurred at 5⁰⁰ A.m. , from the causes and on the date stated above.			
23A. SIGNATURE H. S. Reeves		23B. ADDRESS University Hospital	
M. D.		23C. DATE SIGNED 11-25-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Nov. 29, 1951	
24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore, Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE W. H. Williams, Jr.	
25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS Schneider St.	



500
10318

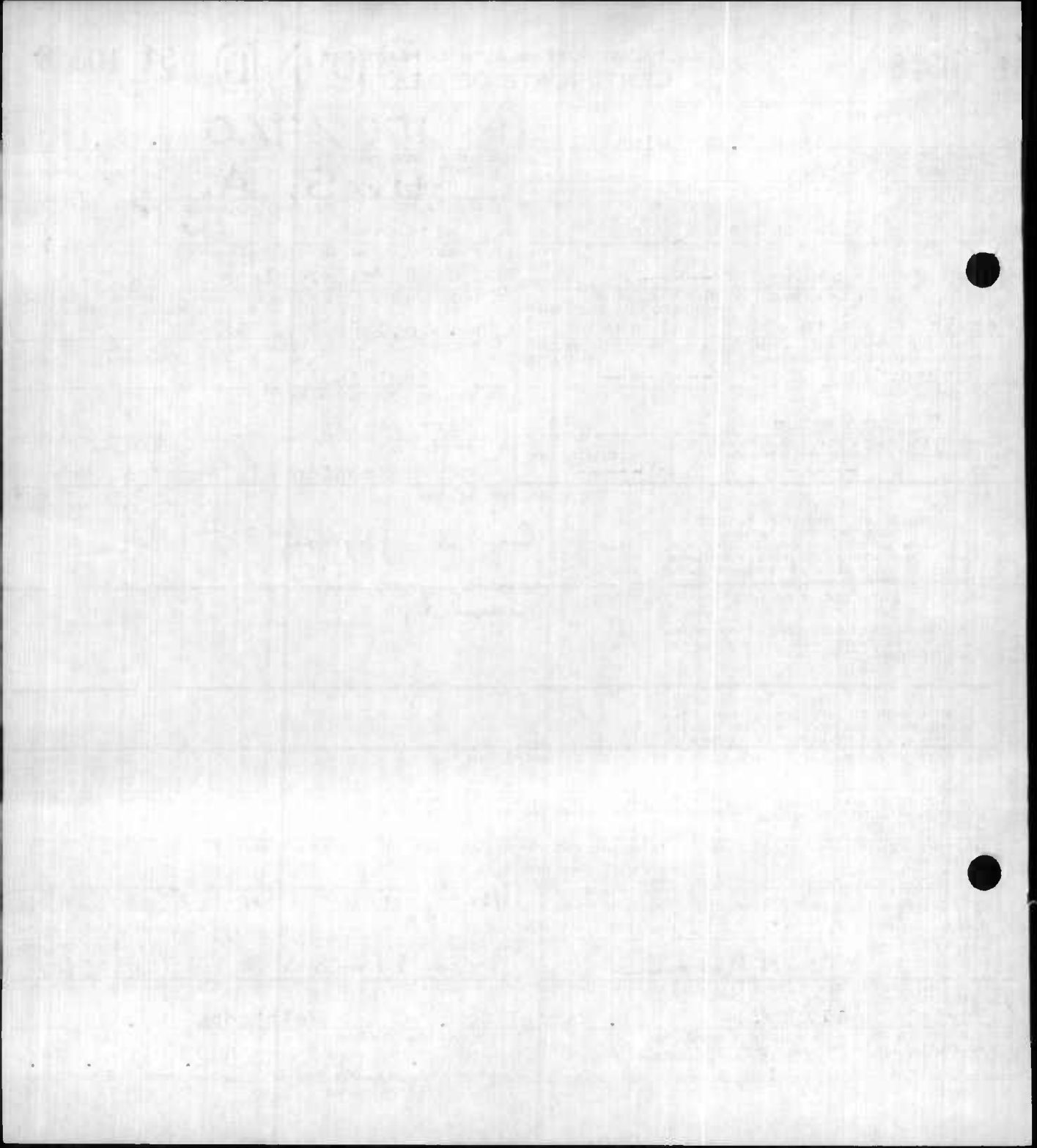
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10318
Registered No.

1. NAME OF DECEASED (Type or Print) Sarah F. Schwinn		2. DATE OF DEATH Nov. 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3502 Esther Place		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore ----- Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3502 Esther Place	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 18, 1856
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 95
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Norsworthy		14. MOTHER'S MAIDEN NAME Mary Jackson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT ADDRESS Conrad Schwinn 946 Armstead Way
18. 334X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral anoxia DUE TO (B) Sudden DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/26, 1951, to 11/28, 1951, that I last saw the deceased alive on 11/27, 1951, and that death occurred at 8 A. m., from the causes and on the date stated above.			
23A. SIGNATURE L. J. Jordan		23B. ADDRESS 3400 S. Babel St.	
23C. DATE SIGNED 11/29/51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 11/30/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.	
24D. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR John A. Moran	
25. ADDRESS 3000 E. Balto. St.		DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951	
REGISTRAR'S SIGNATURE E. J. Williams		VS 150	

MEDICAL CERTIFICATION

83B



623
51 10319BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10319
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Wright

2. DATE
OF
DEATH

11/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Luthenan Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 1, 1877

9. AGE (In years
last birthday)

74

11 Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. O'Brien - 1208 Wilcox St

18. E916.01

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

Third Degree Burns

DUE TO

Both Legs, Genitalia, Rectum
[Sustained in Bed (11-22-51)]

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

CERTIFICATION APPROVED BY

William J. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Henryton Md, Carroll County

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

11-22-51

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR? Home was again

Smoking in bed - bed caught fire

22. I hereby certify that I attended the deceased from 11-22-51, 19__, to 11-27-51 19__, that I last saw the
deceased alive on 11-27-51, 19__, and that death occurred at 6:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harold Lawrence Doherty M.D.

23B. ADDRESS

Luthenan Hospital

23C. DATE SIGNED

11-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 30, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rita Weddefield 900 E. Biddle St

1000

THE UNIVERSITY OF CHICAGO
LIBRARY

1000

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

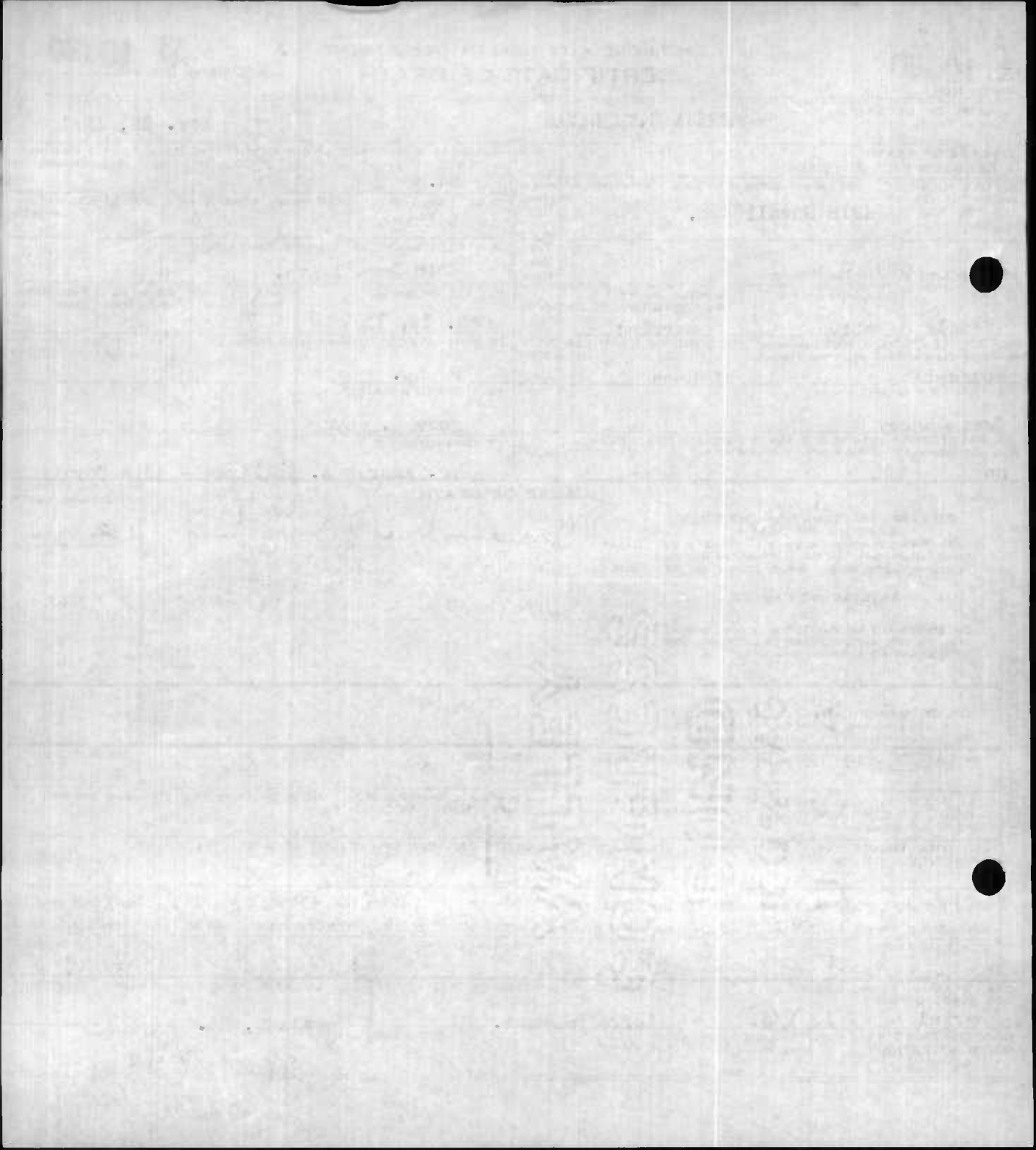
Registered No. **51 10320**

1. NAME OF DECEASED (Type or Print) TERESA E. SULLIVAN		2. DATE OF DEATH Nov. 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 4018 Duvall Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4018 Duvall Ave.	
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Feb. 19, 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. FATHER'S NAME Owen Conroy		12. CITIZEN OF WHAT COUNTRY? Penna.	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		14. SOCIAL SECURITY NO. no	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. INFORMANT ADDRESS Mr. Andrew A. Sullivan - 4018 Duvall Ave	

18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma (metastatic)		INTERVAL BETWEEN ONSET AND DEATH 2 years
(A) DUE TO Carcinoma Intestinal		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June , 19 40 to Nov 28 , 19 51 that I last saw the deceased alive on Nov 27 , 19 51 and that death occurred at A m., from the causes and on the date stated above.				
23A. SIGNATURE Harbert M. Foster M.O.	23B. ADDRESS 2824 St. Paul St	23C. DATE SIGNED Nov 29-51		

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/1/51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Maus.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS Wm. J. Vickers & Sons 46 E. Batts Md.



616
51 10321

CERTIFICATE CORRECTED 1-7-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10321

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LETHIA V. SHRIVER

2. DATE
OF
DEATH

Nov. 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5510 Summerfield Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

5510 Summerfield Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1876
July 2, (1872-)9. AGE (in years
last birthday)

75 (79)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John J. Hess

14. MOTHER'S MAIDEN NAME

-- Whitmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

no

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Edgar W. Shriver-5510 Summerfield Ave.

18. 153X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Terminal Bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

? Malignancy of Intestinal Tr.
Hypertensive Heart Disease

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1951, to 11/27/51, that I last saw the
deceased alive on 11/26/51, 19 and that death occurred at 8:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

May Baum

M. D.

23B. ADDRESS

1501 N. Milton Ave

23C. DATE SIGNED

11/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

11/30/51

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cem.

24D. LOCATION (City, town, or county)

Gettysburg, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

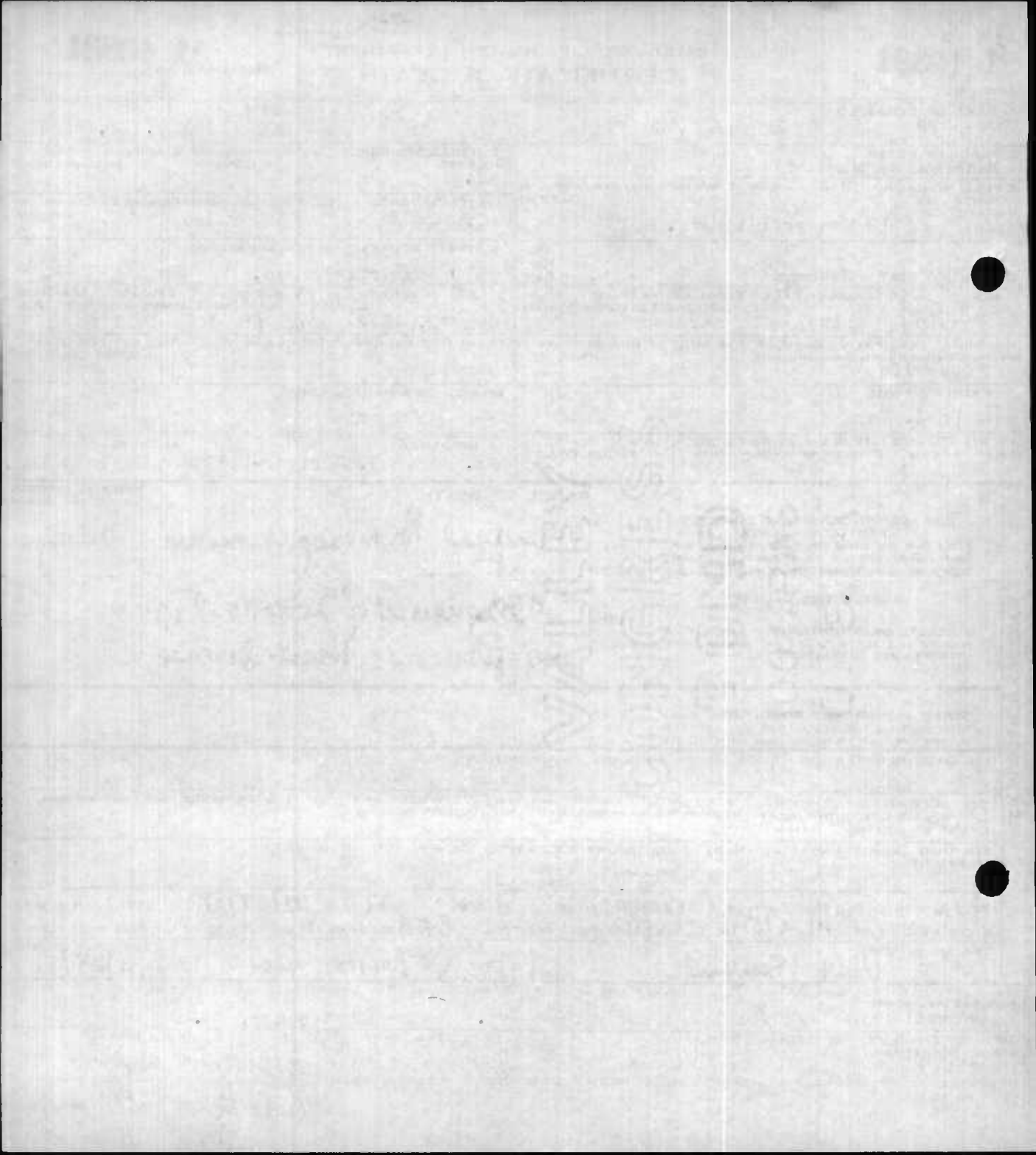
25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Dickner & Sons

VS 150

Baltimore, Md.
92D



230
51 10322
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10322
Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES HENRY COSTA		2. DATE OF DEATH Nov 29 1951 Nov. 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2427 St. Paul St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2427 St. Paul St.		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 19, 1914
9. AGE (in years last birthday) 37		10. BIRTHPLACE (State or foreign country) Massachusetts	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Consetta Costa		14. MOTHER'S MAIDEN NAME Marian Tine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. World War #2	
17. INFORMANT Mrs. Helen Costa - 2427 St. Paul St.		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Lung		INTERVAL BETWEEN ONSET AND DEATH 2 years
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma Testes		about 2 1/2 y
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21A. DATE OF OPERATION about 1 1/2 years		21B. MAJOR FINDINGS OF OPERATION Carcinoma Inguinal gland + Test		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March, 1951 to Nov 29, 1951 , that I last saw the deceased alive on Nov 28, 1951 , and that death occurred at 3 A m., from the causes and on the date stated above.					
23A. SIGNATURE Hubert M. Foster		23B. ADDRESS 2424 St. Paul St		23C. DATE SIGNED Nov 29-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 11/29/51		24C. NAME OF CEMETERY OR CREMATORY Lawrence, Massachusetts		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		FUNERAL DIRECTOR'S SIGNATURE Wm. J. Pickens & Sons		ADDRESS Balto Md. 51c	

49095

CENTRAL OFFICE

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420
51 10323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

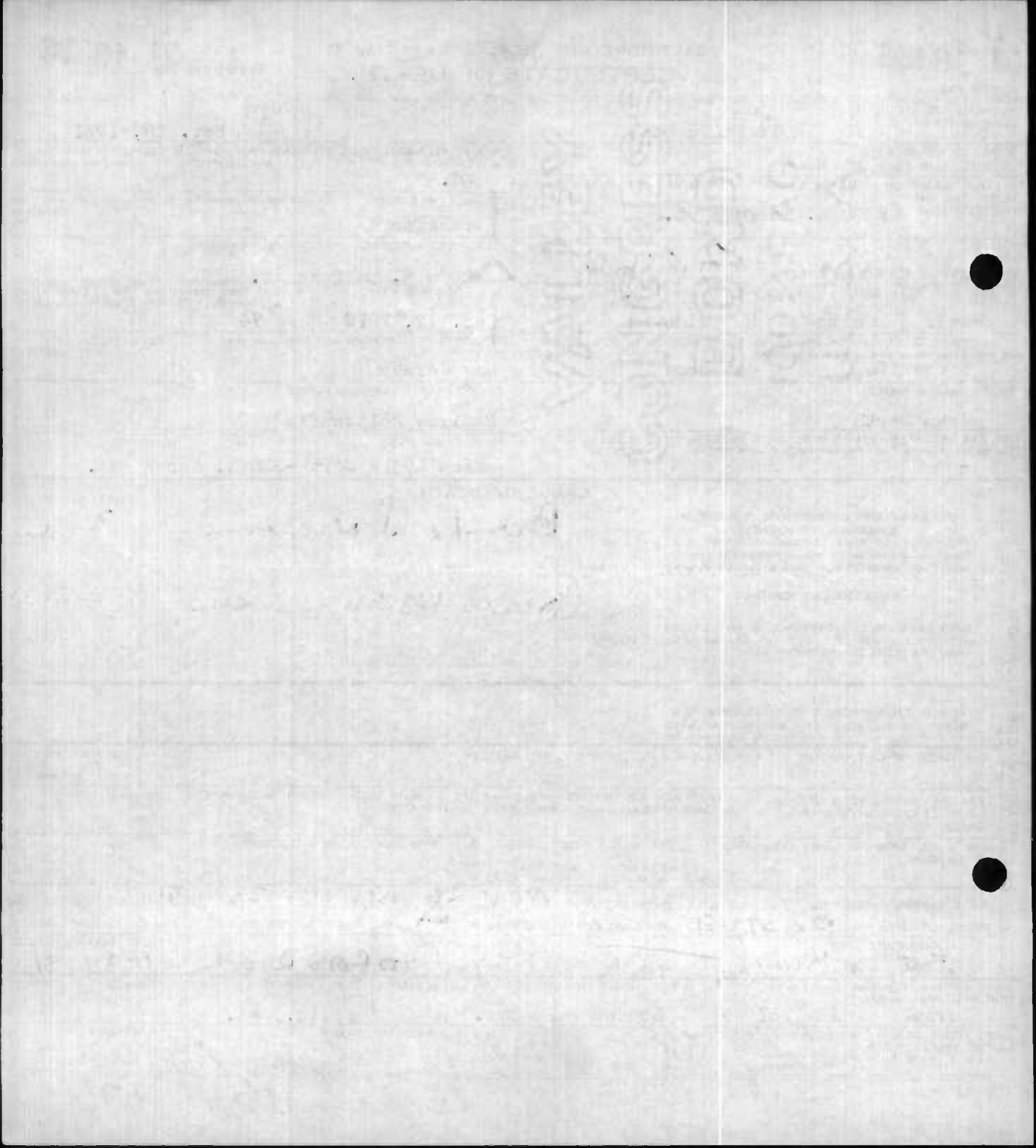
Registered No. 51 10323

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSE BARTH WALZ		2. DATE OF DEATH Nov. 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 2200 E. Hoffman St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 30 yrs Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2200 E. Hoffman St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 17, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Barth		14. MOTHER'S MAIDEN NAME Pauline Holtzapfle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Lydia Barth-530 E. North Ave.		ADDRESS	

18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Breast Pnenia (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 da 5 grs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cordio Vascular Disease (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 20, 1951 , to Nov 28, 1951 that I last saw the deceased alive on Nov 27, 1951 and that death occurred at 2A m., from the causes and on the date stated above.					
23A. SIGNATURE Fritz & Kimpsey MF M. D.		23B. ADDRESS 2700 Harford Road		23C. DATE SIGNED 11-29-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR Wm. J. Siskner & Sons Balto 17, Md 937			
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE Wm. J. Siskner		ADDRESS	



460
51 10324BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10324

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Clara Andrews Holt Taylor</i>			2. DATE OF DEATH <i>Nov 27, 1957</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-12</i>		
C. Length of stay in Baltimore <i>?</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3828 Park Heights Ave.</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Sept. 27, 1929</i>	9. AGE (In years last birthday) <i>72</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>George E. Andrews</i>			14. MOTHER'S MAIDEN NAME <i>Ellen Bernheim</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. <i>5810</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <i>Bleeding Esophageal Varices</i> DUE TO	<i>Days</i>
ANTECEDENT CAUSES	(B) <i>Cirrhosis of the Liver</i> DUE TO	<i>Days</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

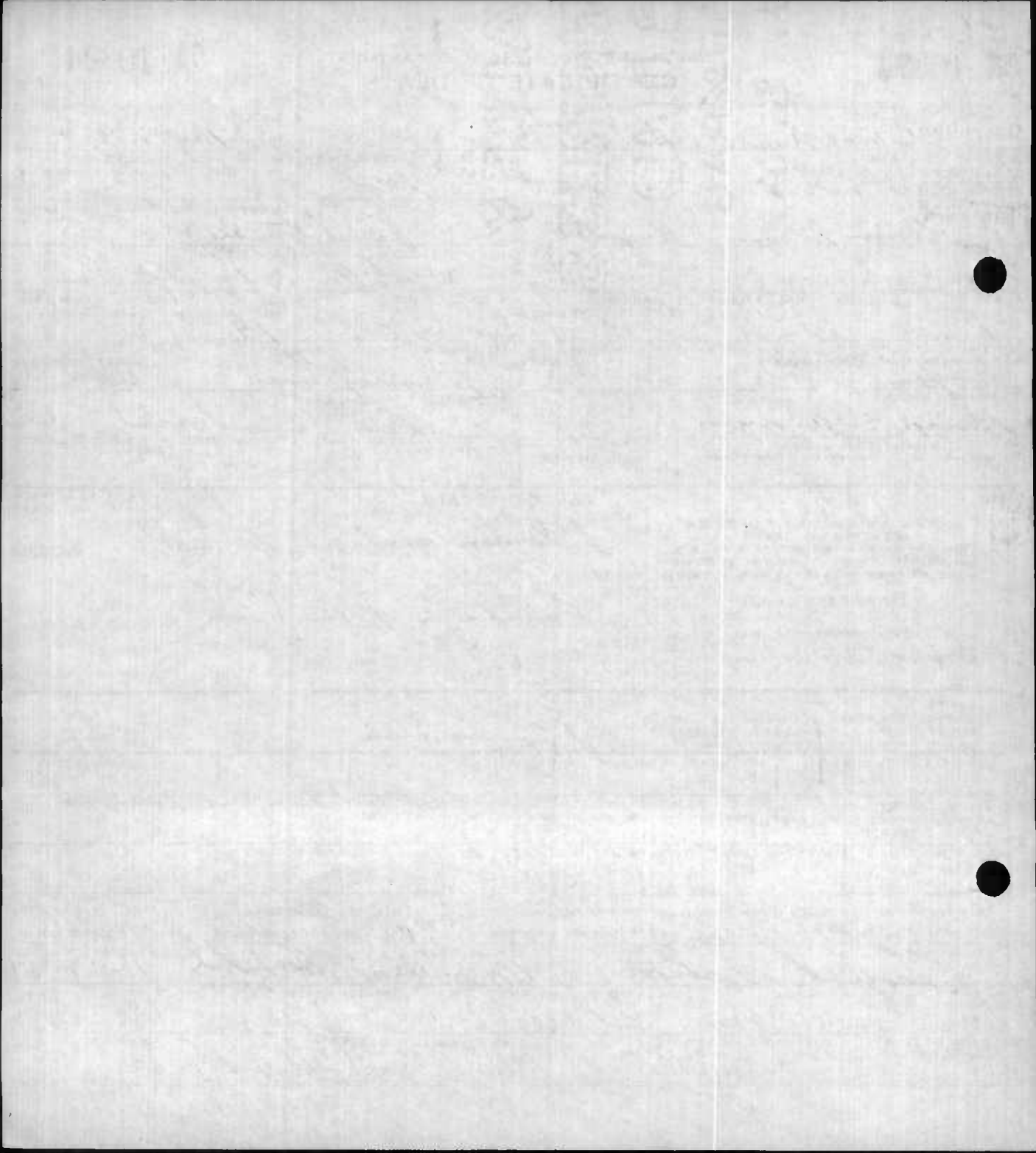
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Pneumonia

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 27, 1957*, to *Nov 27, 1957*, that I last saw the deceased alive on *Nov 27, 1957*, and that death occurred at *11:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>George S. Watson</i>	23B. ADDRESS <i>Union Mem. Hospital</i>	23C. DATE SIGNED <i>11-28-57</i>
---	--	-------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>11/30/57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Public Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Clinton, Mass.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 29 1957</i>	REGISTRAR'S SIGNATURE <i>Christington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Edm. J. Tucker & Sons</i>	ADDRESS <i>Balto Md.</i>



512
51 10325

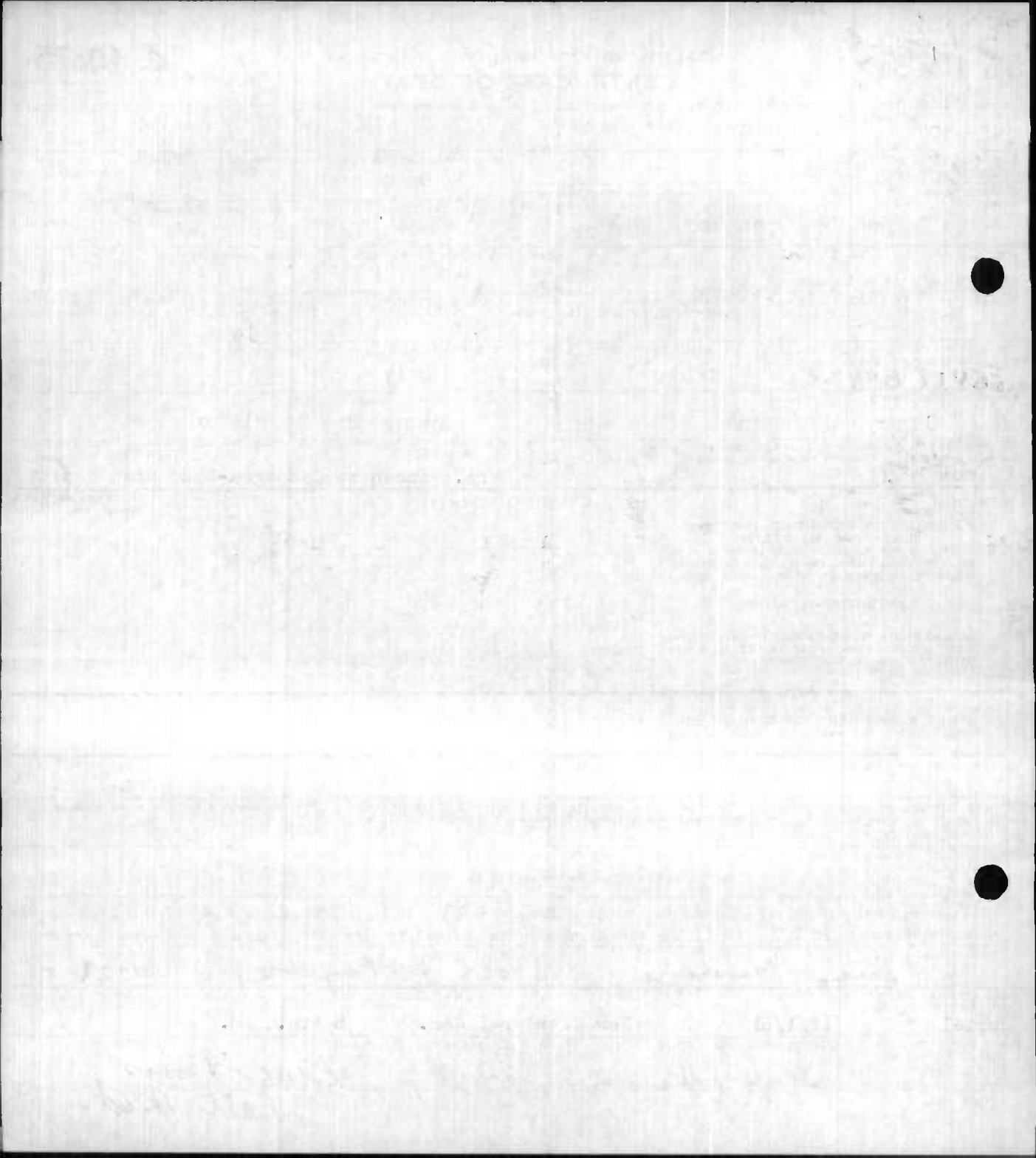
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10325
Registered No.

1. NAME OF DECEASED (Type or Print) Mr. Antonio Campagna		2. DATE OF DEATH 11/27/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3926 Cranston	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/5/86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FRUIT BUYER		10B. KIND OF BUSINESS OR INDUSTRY Retailer FRUIT	9. AGE (In years last birthday) 64
13. FATHER'S NAME Caspar Campagna		12. CITIZEN OF WHAT COUNTRY? Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Vincenzza Campagna-3926 Cranston Av		ADDRESS	

18. 782.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute heart failure		CAUSE OF DEATH
DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
DUE TO		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-27-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1:15 pm 11-27, 1951 , to 11:40 pm 11-27, 1951 , that I last saw the deceased alive on 11-27, 1951 , and that death occurred at 11:40 pm. , from the causes and on the date stated above.					
23A. SIGNATURE Luan Mendez		23B. ADDRESS 2025 W. Fayette		23C. DATE SIGNED 11-27-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		24F. REGISTRAR'S SIGNATURE Thurston Williams	
24G. FUNERAL DIRECTOR 21m. J. Vickers & Sons		24H. ADDRESS Balto, Md.		24I. VS 150	



CERTIFICATE CORRECTED

12-4-51

51 10326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 10326

1. NAME OF DECEASED
(Type or Print)

Clayton MacDonald
Paul / Mr. Donald

2. DATE OF DEATH

Nov. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

218 Mallow Hill Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

male

white

single

Feb. 6, 1916

35

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Public Relations Officer - Goodwill Industries -- Arkansas

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Archer D. MacDonald

Martha S. Stewart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

no

JOHNS HOPKINS HOSPITAL

18.

433.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

? Cardiac arrhythmia, etiology unknown

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *11/28, 1951*, to *11/28, 1951*, that I last saw the deceased alive on *11/28, 1951*, and that death occurred at *8:20 AM*, from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/1/51

Meadowridge Mem. Pk.

Elkridge, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1951

Christington Williams, Jr.

Dr. J. S. Lickner & Son 95a

VS 150

Med Ex Can Released 03620w hospital Balto Md.

MEDICAL CERTIFICATION

10-28

UNITED STATES

NEW

10-28

RECEIVED

10-28

10-28

10-28

10-28

10-28

10-28

10-28

10-28

10-28



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10327**

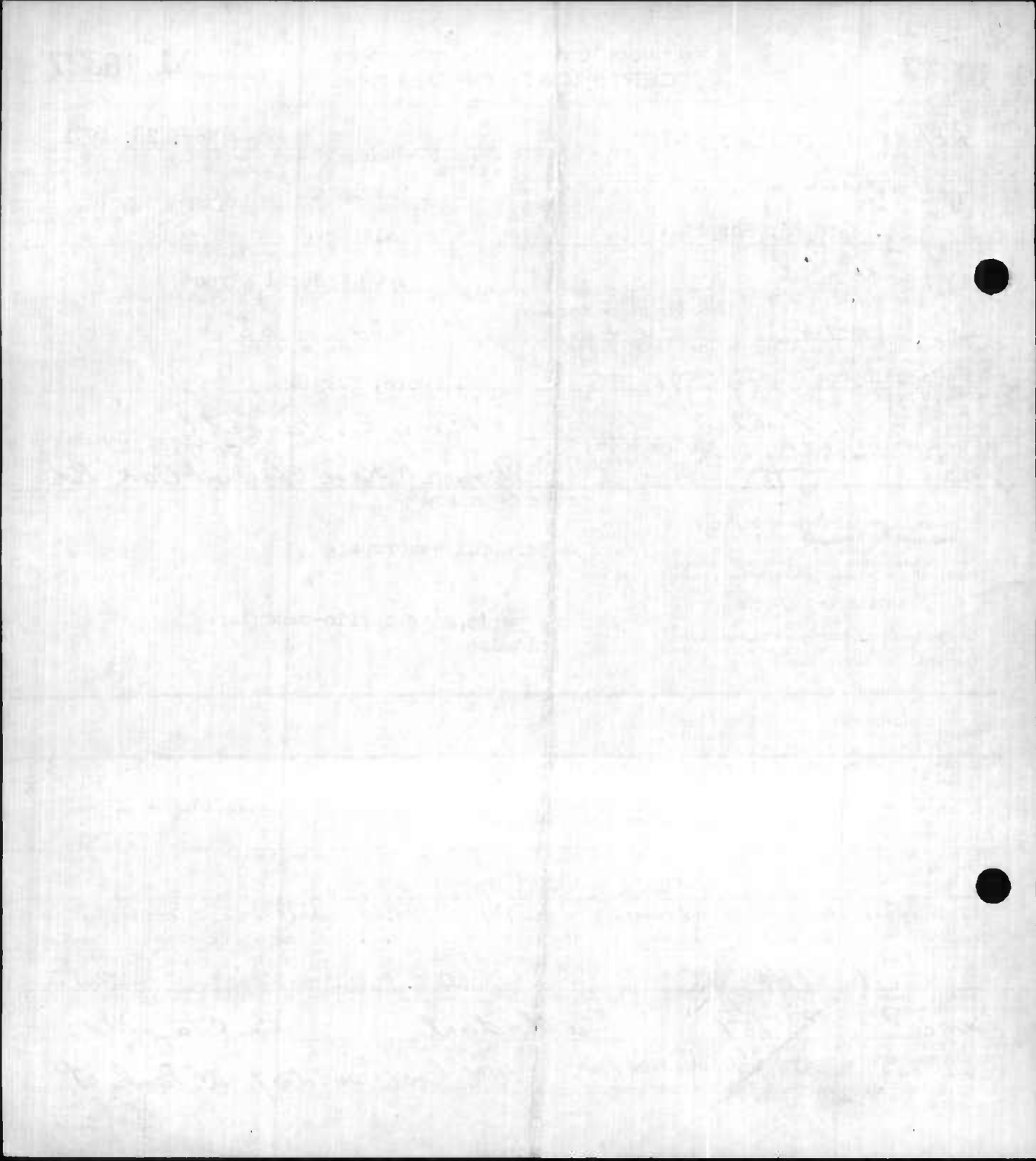
460
1 10327
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY (Harry) Clay Kohler			2. DATE OF DEATH Nov. 28, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1009 Federal Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1/21/1883	9. AGE (In years last birthday) 68	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed NEVER WORKED			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Geo. W. Kohler			14. MOTHER'S MAIDEN NAME Mary E. Farrell		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 17. INFORMANT Florence K. Kane Chestnut Oak Rd		

18. 443 x 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardio-vascular disease DUE TO (B)		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11/28/51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10/4/ , 19 51 , to 11/28/ , 19 51 , that I last saw the deceased alive on 11/28/ , 19 51 , and that death occurred at 3:00 P.M. from the causes and on the date stated above.				
23A. SIGNATURE E. O. Coffey Jr.		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED 11/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/1/51	24C. NAME OF CEMETERY OR CREMATORY Cathedral	24D. LOCATION (City, town, or county) (State) Barto. Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE Wm. Cook Inc. 1217 St. Paul St.	



200
51 10328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10328
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN L RAUCH		2. DATE OF DEATH 11/28/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BAL.			
B. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN Hosp. of MD.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1323 JAMES ST. BAL. 23 MD			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH about 1899	9. AGE (In years last birthday) abt 62	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTERS HELPER		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pa.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME (Unknown) Rauch		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 201-079661		17. INFORMANT ADDRESS Gertrude Chambers 1323 James St	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) ASPHYXIA DUE TO (B) LARYNGOSPASM DUE TO (C) CEREBROVASCULAR ACCIDENT		INTERVAL BETWEEN ONSET AND DEATH 30 min. 2 DAYS			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/27/51 , 19__, to 11/28/51 , 19__, that I last saw the deceased alive on 11/28/51 , 19__ and that death occurred at 1:32 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE William G. Conway		23B. ADDRESS M. D. Lutheran Hospital		23C. DATE SIGNED 11/28/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/51		24C. NAME OF CEMETERY OR CREMATORY W. T. Olivet	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.			
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE William G. Conway		25. FUNERAL DIRECTOR ADDRESS Wm Cook Inc. 1217 St. Paul St.	

MEDICAL CERTIFICATION

38731 10

STANDARD INDUSTRIAL

STANDARD INDUSTRIAL
38731 10

460
51 10329BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10329
Registered No.

1. NAME OF DECEASED (Type or Print) VIRGINIA DEBORAH MILLER		2. DATE OF DEATH Nov 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-4		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 7 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1213 WINCHESTER St.	
5. SEX FEMALE	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 3-14-11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		9. AGE (In years last birthday) Months: Days Hours: Min. 40	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) VA	
13. FATHER'S NAME John H. Williams		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		14. MOTHER'S MAIDEN NAME Lillian Sheppard	
16. SOCIAL SECURITY NO.		17. INFORMANT JOHNS HOPKINS HOSPITAL	

18. 445X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Malignant Hypertension (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 11-28-51	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-16- 19 51 , to 11-28- 19 51 , that I last saw the deceased alive on 11-28- 19 51 , and that death occurred at 6:15 A m., from the causes and on the date stated above.		
23A. SIGNATURE Ed. Wing for	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11-28-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/1/51	24C. NAME OF CEMETERY OR CREMATORY Arbutus
24D. LOCATION (City, town, or county) (State) Arbutus, Md.		DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951
REGISTERAR'S SIGNATURE Wm. H. Williams		25. FUNERAL DIRECTOR Hes. H. Kelson
		ADDRESS 1303 Preestman St

✓

163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10330

BIRTH NO. 10330

51-26778

1. NAME OF DECEASED
(Type or Print)

Barbard Ann Roberts

2. DATE
OF
DEATH

11-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland COUNTY 13-08

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #11

D. STREET ADDRESS (If rural, give location)

4004 Falls Road

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

11-14-51

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Donald Roberts

14. MOTHER'S MAIDEN NAME

Dorothy May Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS 4004 Falls Rd Balto #11

18. 75621

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Partial Atresia of the
Oesophagus

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Status Tymicus Lymphaticus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-17, 1951, to 11-29, 1951, that I last saw the deceased alive on 11-29, 1951, and that death occurred at 12:40A., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1951

1578

MEDICAL CERTIFICATION

Robert A. Roberts

Marshall General Hospital
Columbia, S.C.
How full food

Marshall

Robert A. Roberts
Marshall
Marshall

632
51 10331

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10331
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs. Elizabeth Mertz		2. DATE OF DEATH 11/26/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Bon Secours Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-07	
C. Month of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3709 Edmondson Ave, Balto-29-Md.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/12/1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 79
13. FATHER'S NAME Ernest Tanner		11. BIRTHPLACE (State or foreign country) Ohio	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Martha Mertz - Sister		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acidosis DUE TO Diabetes Mellitus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-20, 1951, to 11-26, 1951, that I last saw the deceased alive on 11-26, 1951, and that death occurred at 3 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Juan Mendez		23B. ADDRESS 2025 W. Fayette	
23C. DATE SIGNED 11-26-51		24A. BURIAL, CREMATION, REMOVAL (Specify)	
24B. DATE Nov 29 1951		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) Maryland		(State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.	
VS 150		25. FUNERAL DIRECTOR F. B. Wiffert & Son - 1300 E. ...	

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10332**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VICTORIA

JONES

2. DATE
OF
DEATH

November 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

617 W. Mulberry Street

Length of stay in Baltimore

Yrs.
Mos.
Days

6. COLOR OR RACE

Female

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

?-?-1892

9. AGE (In years last birthday)

59

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

James Jones - 617 W. Mulberry St.

18. **331X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral hemorrhage**

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

B. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Nov. 28, 1951

24A. BURIAL CREMATION REMOVAL (Specify)

Burial

24B. DATE

12-1-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

NOV 29 1951

REGISTRAR'S SIGNATURE

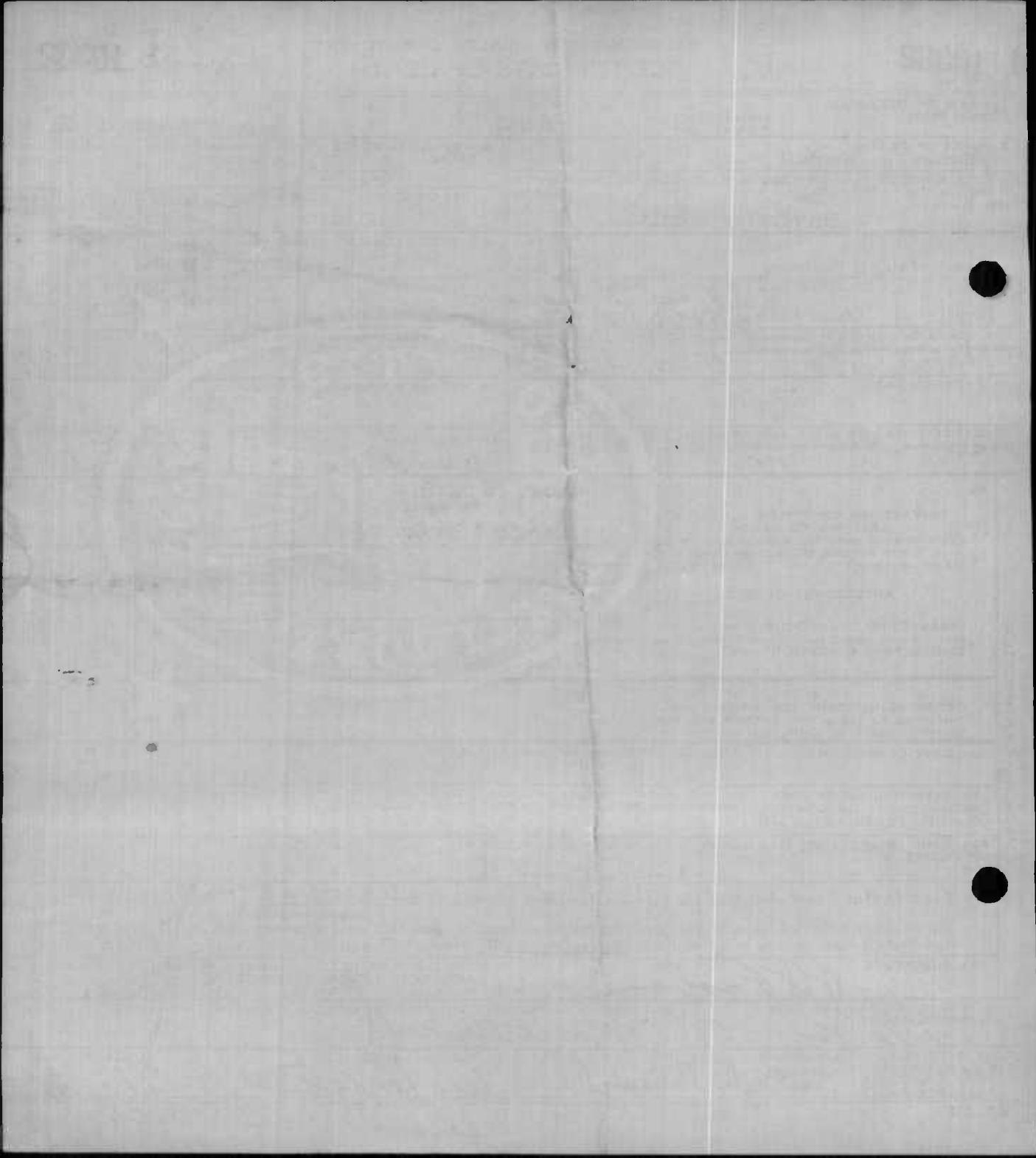
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. Halstead - 918

ADDRESS

Blund Hill Ave. 83a



51 10333

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10333

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JULIUS TRUSTY SMALL

2. DATE
OF
DEATH

Nov. 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 531 RADNOR AVE.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

531 RADNOR AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

BALTIMORE, MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE, MD.

D. STREET ADDRESS (If rural, give location)

531 RADNOR AVE 27-10

C. Birth of stay in Baltimore

ALL LIFE

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

Yrs.
Mos.
Days

B. DATE OF BIRTH

MARCH 17, 1891

9. AGE (in years last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MAINTENANCE MAN

10B. KIND OF BUSINESS OR INDUSTRY

FUNERAL HOME

13. FATHER'S NAME

CHARLES TRUSTY Small

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MO.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

MARY MYERS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

212-22-1878

17. INFORMANT

ADDRESS

FRANCIS X. SMALL 531 RADNOR AVE

18. 59xx I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute Dilatation of Heart
acute Pulmonary Edema

19 Hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Decompensated Mitral Regurgitation

2 days

(C) Chronic Ischemic Nephros

10 mo

11 mo

Hypertension

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., la or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1951, to Nov. 27, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 945 mi. from the causes and on the date stated above.

23A. SIGNATURE

Thomas F. A. Thomas M. O.

23B. ADDRESS

2878 Harford Rd

23C. DATE SIGNED

11-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 1 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd Balto, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Linton Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. J. Bone Co 4905 York Rd

131012

131a

VS 150

5548F

MEDICAL CERTIFICATION

Mr T. F. A. Stearns
2876 Hayford Ave

U-626
51 10334

51 10334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Helen Dunlop Urganhart</i>			2. DATE OF DEATH <i>11-28-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. DATE OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>Myman Park Apts.</i> <i>13-07</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	B. DATE OF BIRTH <i>8-21-1874</i>		9. AGE (In years last birthday) <i>77</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>			11. BIRTHPLACE (State or foreign country) <i>District of Columbia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Mr. George T. Dunlop</i>			14. MOTHER'S MAIDEN NAME <i>Emily J. Kirk</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>HOSPITAL RECORDS</i>			ADDRESS _____		

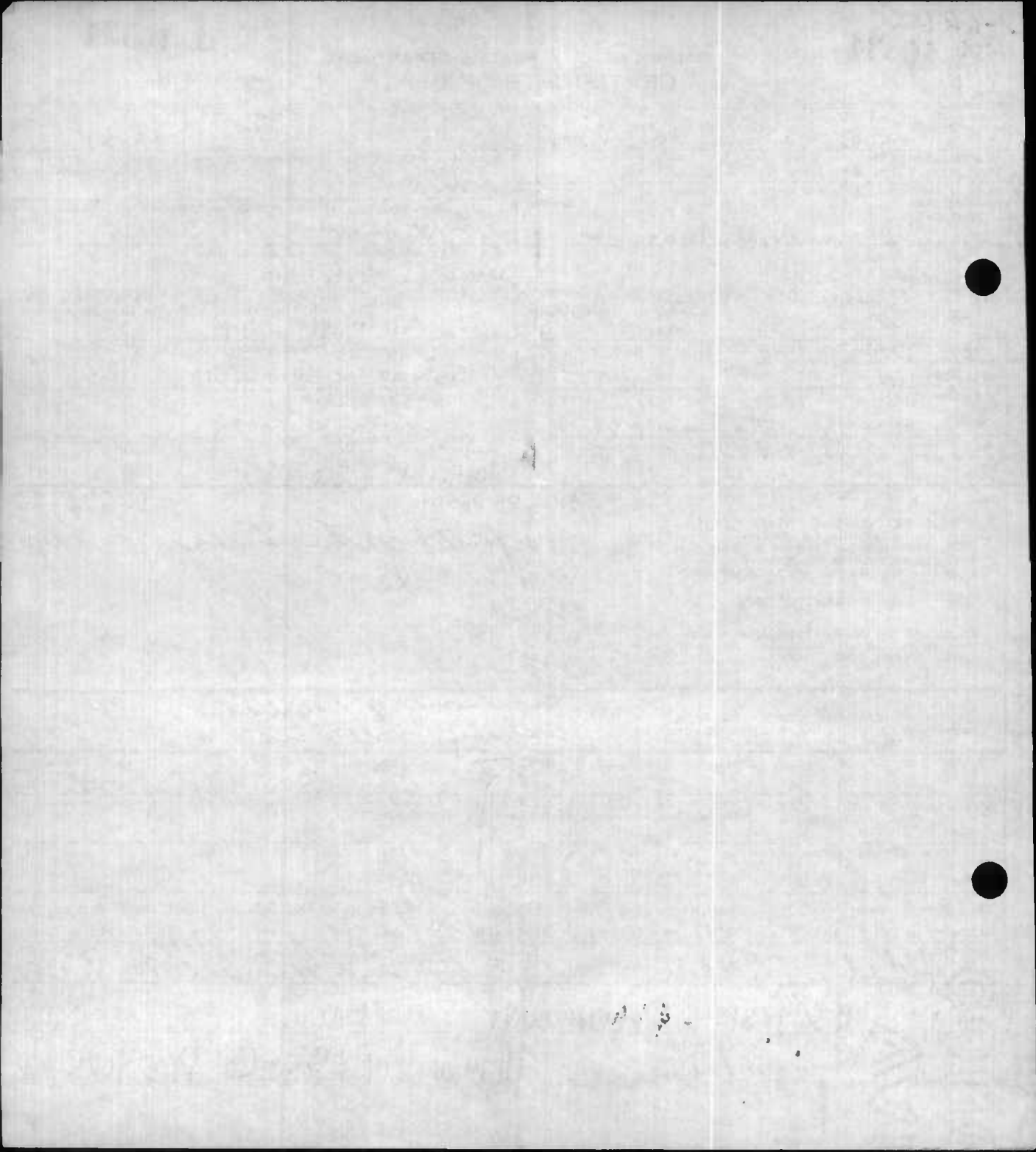
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>540.1 and 196x</i>	CAUSE OF DEATH (A) <i>Perforated gastric ulcer</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) _____ DUE TO	
(C) _____ DUE TO		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Carcinoma of maxilla coming sclerosis</i>			?
19A. DATE OF OPERATION <i>11-26-51</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *11-26*, 1951, to *11-28*, 1951, that I last saw the deceased alive on *11-26*, 1951, and that death occurred at *3:30* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Alfred S. Nelson</i>	M. D.	23B. ADDRESS <i>Union Memorial Hosp.</i>	23C. DATE SIGNED <i>Nov 28, 1951</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>11-30-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>GREENMOUNT</i>	24D. LOCATION (City, town, or county) (State) <i>BALTO. MD.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 29 1951</i>		25. FUNERAL DIRECTOR <i>W. JENKINS & SONS Co.</i>	
REGISTRAR'S SIGNATURE <i>Hamilton Williams</i>		ADDRESS <i>4905 YORK RD.</i>	

MEDICAL CERTIFICATION



512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10335

1 10335

BIRTH NO. 51-19451

1. NAME OF DECEASED (Type or Print) BRENDA SUE Thompson		2. DATE OF DEATH Nov 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE md B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION VOIO WILKINS AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) VOIO WILKINS AVE	
7. SEX FEMALE	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH 8-24-1951
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) 3	13. Under 1 Year Months: Days 4
14. KIND OF BUSINESS OR INDUSTRY		15. Under 24 Hours Hours: Min.	
16. FATHER'S NAME WALTER K. Thompson		17. MOTHER'S MAIDEN NAME MILDRED M. TAYLOR	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	
20. INFORMANT ETTA Thompson		21. ADDRESS VOIO WILKINS AVE	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Broncho-pneumonia DUE TO (B) Acute Upper Respiratory Infection DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 2 days about 2 days
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hydrocephalus, Spina bifida		Congenital

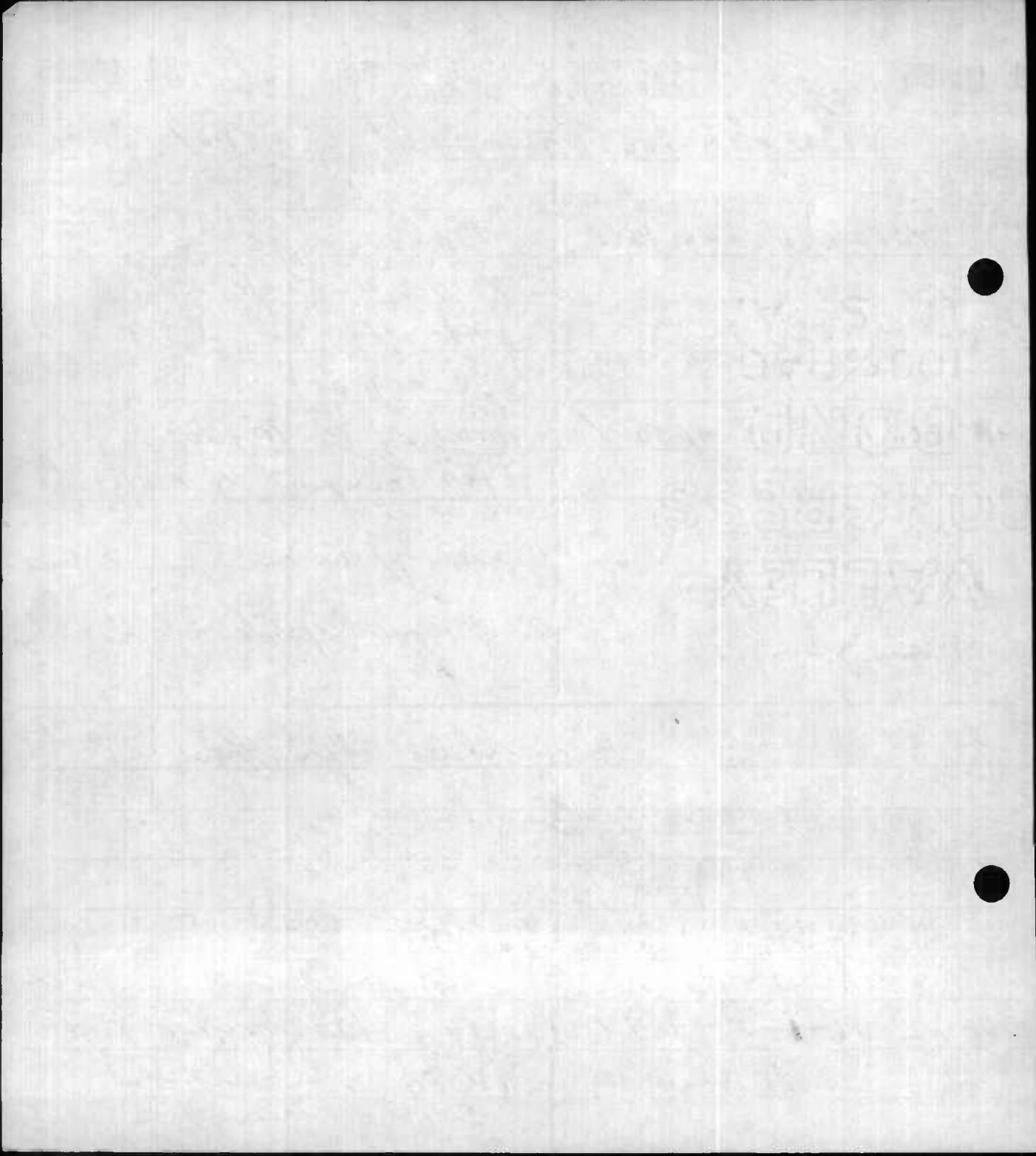
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 25, 1951**, to **Nov 28, 1951**, that I last saw the deceased alive on **Nov 27, 1951**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Abram Goldman** M. D. 23B. ADDRESS **206 S. Gilman St.** 23C. DATE SIGNED **11/29/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **12-1-51** 24C. NAME OF CEMETERY OR CREMATORY **MX OLIVETEM** 24D. LOCATION (City, town, or county) (State) **BALTIMORE md**

DATE RECEIVED BY LOCAL REGISTRAR **NOV 29 1951** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Walter C. Walter** ADDRESS **3512 Frederick Ave**



400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10336

1 10336

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIA CELLA.

2. DATE
OF
DEATH

NOV 28 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

511 ALBEMARLE ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

C. Length of stay in Baltimore

53 YRS

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

511 ALBEMARLE ST.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)11 Under 1 Year
Months: Days
12 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME.

11. BIRTHPLACE (State or foreign country)

ITALY.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

PAUL CAVANAN.

14. MOTHER'S MAIDEN NAME

JENNIE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE.

17. INFORMANT

ADDRESS

ADELINE ANNABELLI, 1018 EASTERN AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

General Astero Schoni
Chronic Myocarditis

2 yrs

2 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from Feb 20, 1951, to Nov 28, 1951, that I last saw the
deceased alive on Nov 28, 1951, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

DEC 3 1951

HOLY REDEEMER CEM

4430 BELAIR RD.

MO.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 29 1951

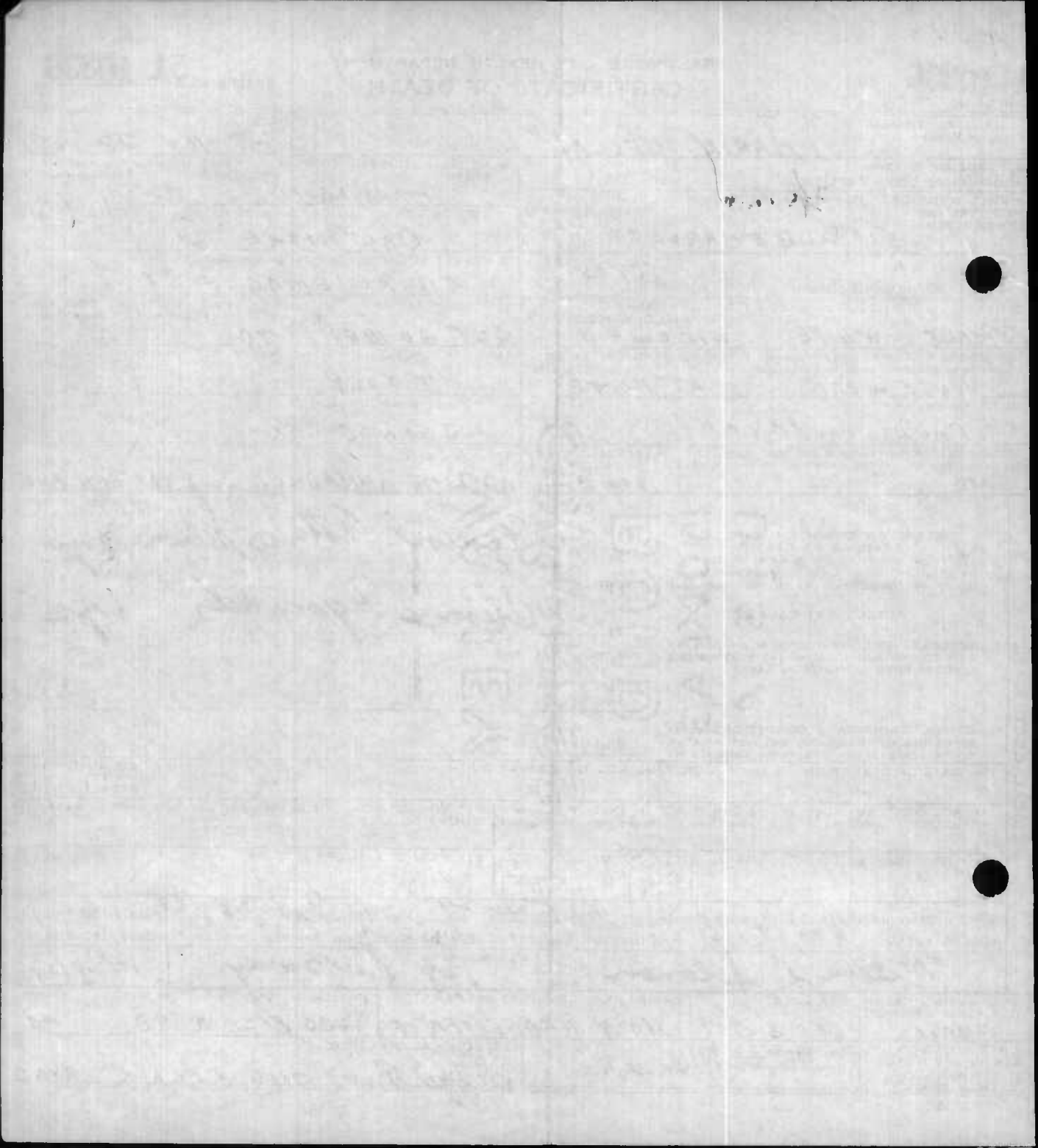
Huntington Williams, M.D.

Lippel Bros. 7110 BELAIR ROAD

VS 150

92D

MEDICAL CERTIFICATION



235
10337BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10337

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MALINDA

LIGHTNER

2. DATE
OF
DEATH

November 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1805 E. Biddle Street

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Female

Colored

Widow

June-15-1901

50

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Woodard S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Johnson

14. MOTHER'S MAIDEN NAME

Minnie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mannie White 724 W. Asquith St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Nov. 28, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/2/1951

24C. NAME OF CEMETERY OR CREMATORY

Red Hill Cem.

24D. LOCATION (City, town, or county)

Winnsboro N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

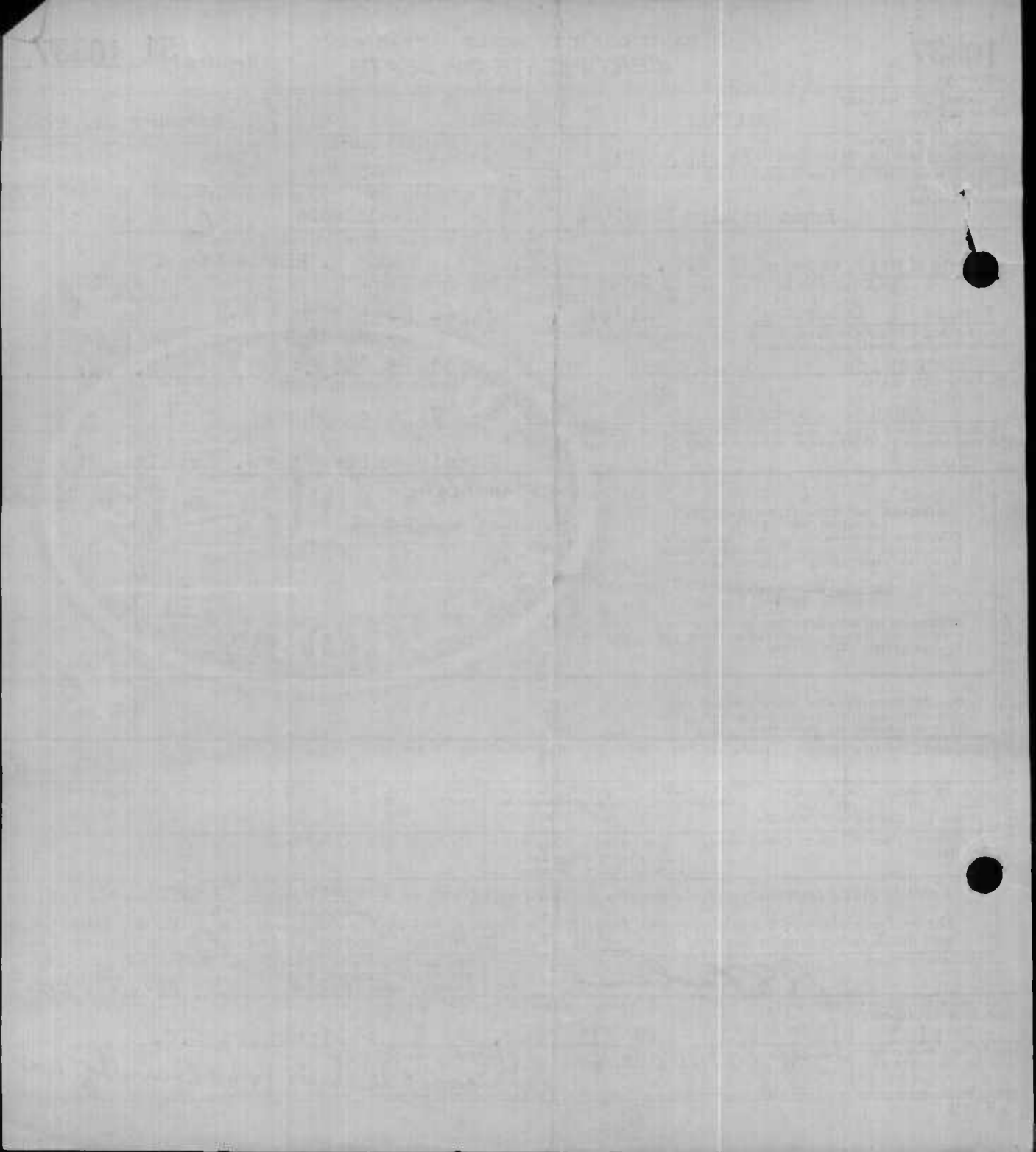
REGISTRAR'S SIGNATURE

NOV 29 1951

FUNERAL DIRECTOR

ADDRESS

E. W. Wilson 1000 Brantly way



632
1 10338

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10338

Registered No. _____

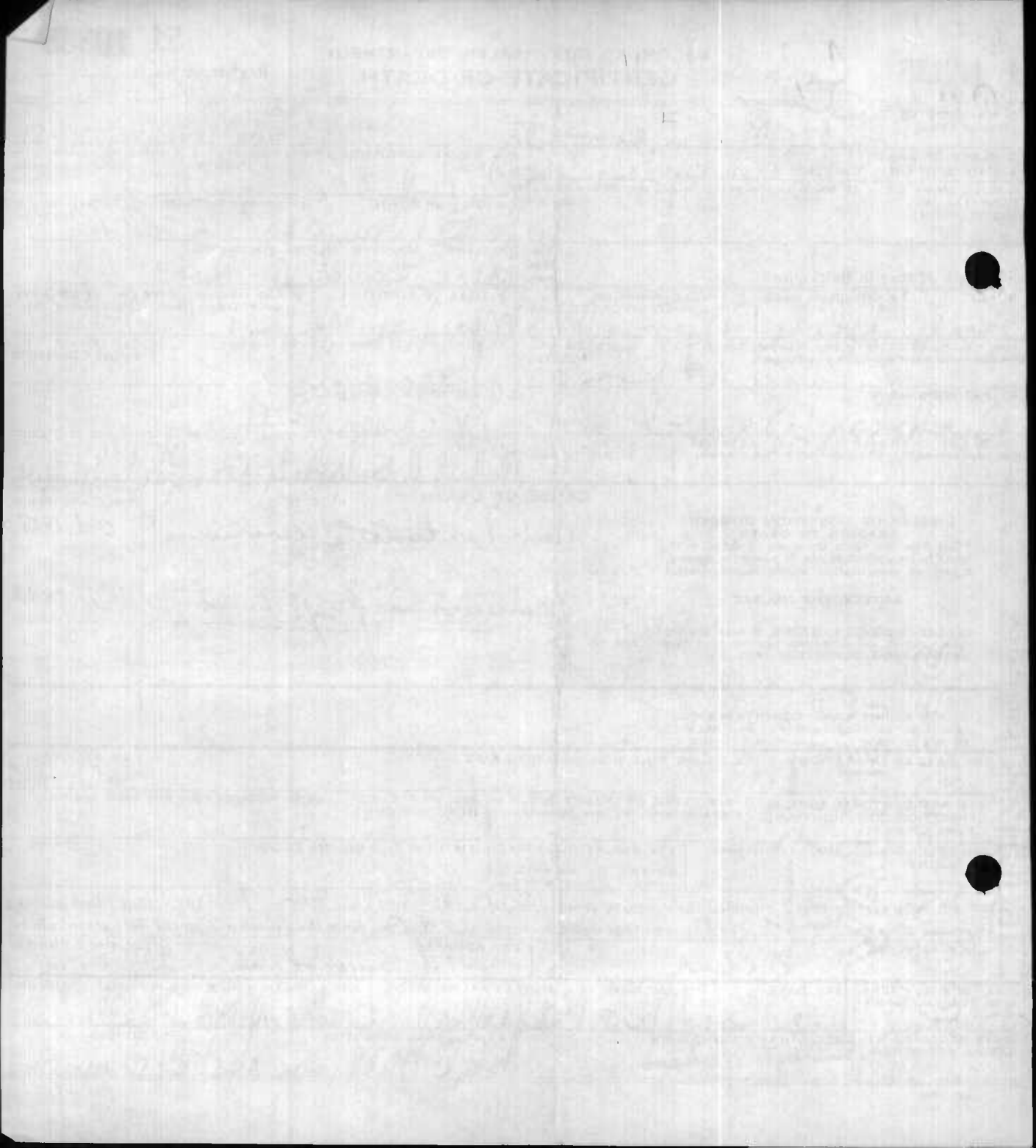
1. NAME OF DECEASED (Type or Print) <u>Opette C Schwartz</u>			2. DATE OF DEATH <u>November 27, 51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>3504 Lyndale Ave</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <u>MD</u> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>000</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>27-38</u>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>3504 Lyndale Ave</u>		
7. SEX <u>Female</u>	8. COLOR OR RACE <u>White</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	10. DATE OF BIRTH <u>March 31, 1899</u>		11. AGE (In years last birthday) <u>51</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>German</u>
13. FATHER'S NAME <u>Nicholas Wampch</u>			14. MOTHER'S MAIDEN NAME <u>Margaret Horn</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>(If yes, give war or dates of service)</u>			16. SOCIAL SECURITY NO. <u>Robert C. Schwartz-3504 Lyndale Ave</u>		
17. INFORMANT <u>Robert C. Schwartz-3504 Lyndale Ave</u>			ADDRESS		

18. <u>170 X 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>carcinomatous metastatic carcinoma</u> DUE TO CAUSE OF DEATH <u>carcinoma of left breast.</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>Oct. 1947</u> <u>Feb 1943</u>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</u>	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 11, 1947</u> to <u>Nov 27, 1947</u> , that I last saw the deceased alive on <u>Nov 26, 1947</u> , and that death occurred at <u>2:45 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>L. C. Dolichal</u>		23B. ADDRESS <u>447 H. Kenwood Ave.</u>		23C. DATE SIGNED <u>11/28/47</u>	

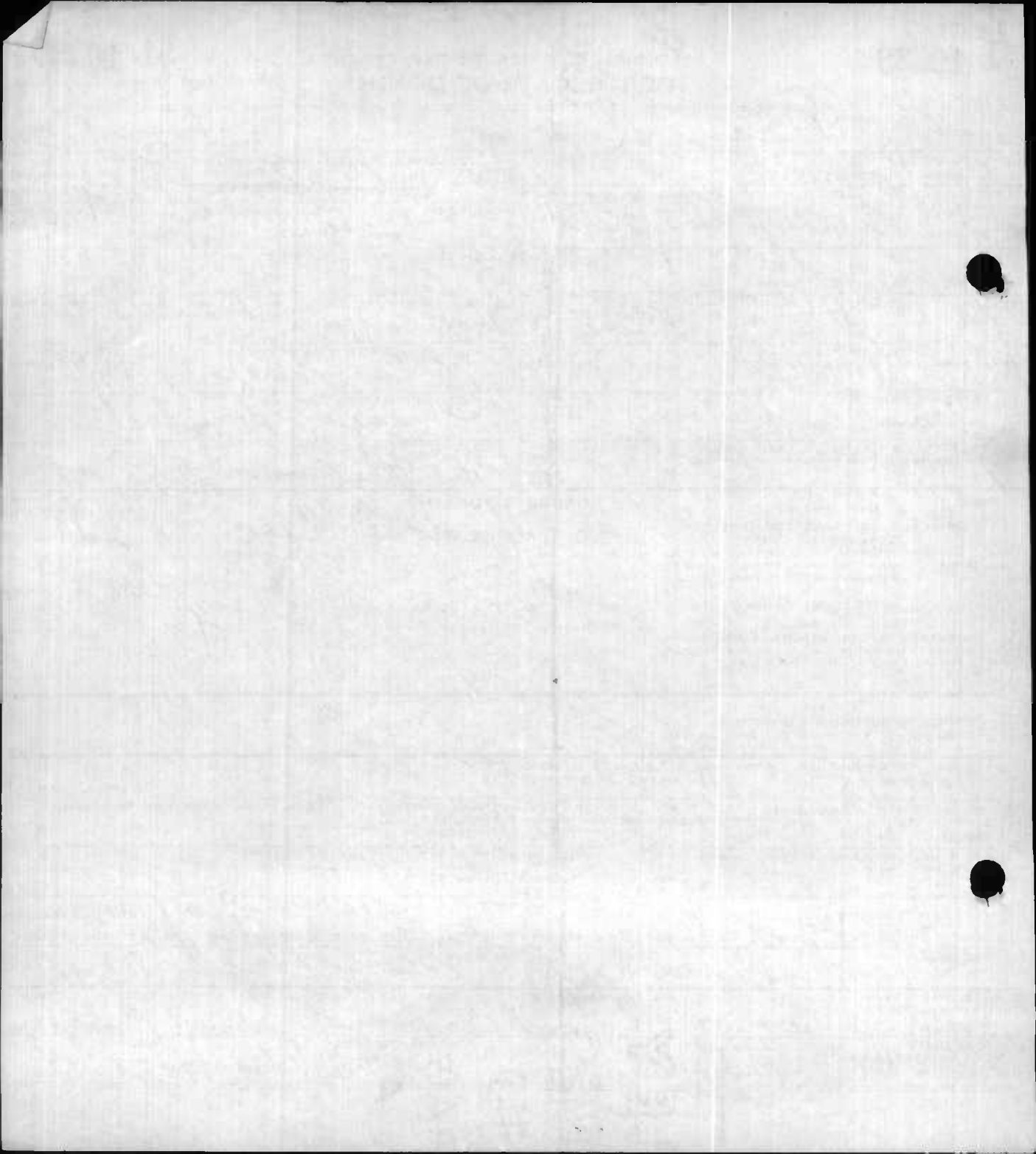
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>11-30-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 29 1951</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>John C. Miller Inc. 2435 E. Olney St</u>		ADDRESS <u>050.0</u>	

MEDICAL CERTIFICATION



200
51 10339BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10339
Registered No.

BIRTH NO.		2. DATE OF DEATH Nov 29, 1957	
1. NAME OF DECEASED (Type or Print) Dean Lewis		3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>N. Carolina</u> B. COUNTY <u>Maryland</u>	
C. CITY OR TOWN Belair		O. STREET ADDRESS (If rural, give location) Bel Air 67-00	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		5. SEX M	
6. COLOR OR RACE W.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Mar	
8. DATE OF BIRTH June 26 1916		9. AGE (In years last birthday) 35	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Law Firm Owner		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) N. Carolina		12. CITIZENSHIP U.S.A.	
13. FATHER'S NAME Claude Lewis		14. MOTHER'S MAIDEN NAME Mary Graybeal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Mary P. Lewis		ADDRESS Bel Air, Md.	
18. 163X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Heart Failure INTERVAL BETWEEN ONSET AND DEATH Sudden		(A) DUE TO Carcinoma Lung 6 mos	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 10/24/57		19B. MAJOR FINDINGS OF OPERATION Thoracotomy	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 1 1957, to Nov 29, 1957, that I last saw the deceased alive on Nov 28 1957, and that death occurred at 2:30 Am., from the cause and on the date stated above.			
23A. SIGNATURE Frank P. Kasik M. O.		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 11/29/57			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Dec 1, 1957	
24C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24D. LOCATION (City, town, or county) (State) Lancaster Pennsylvania	
DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1957		REGISTRAR'S SIGNATURE L. Williams, M.D.	
25. FUNERAL DIRECTOR J. O. Mitchell & Sons		ADDRESS 1900 Eutaw Place	



260
1 10340BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10340

BIRTH NO.		1. NAME OF DECEASED (Type or Print) EMMA BAKER		2. DATE OF DEATH November 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore 2 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1216 E. Madison Street			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 25, 1924	9. AGE (In years last birthday) 26	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Private Family		11. BIRTHPLACE (State or foreign country) Elizabeth N.C.	
13. FATHER'S NAME James Baker		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Elizabeth Baker		ADDRESS 1216 E. Madison St			

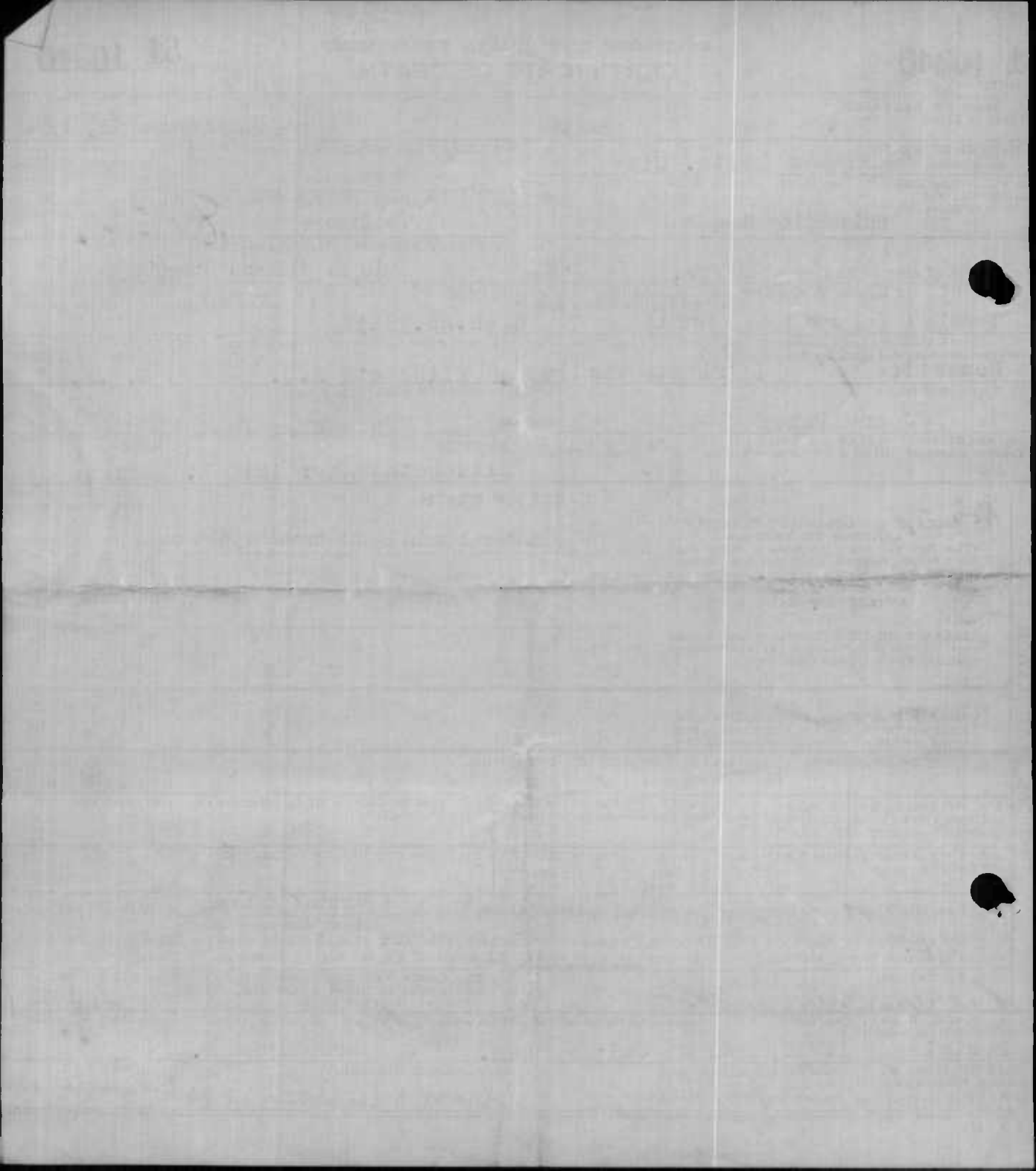
18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bilateral confluent bronchopneumonia (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Nov. 22, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/29/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md.					

DATE RECEIVED BY LOCAL REGISTRAR NOV 29 1951		REGISTRAR'S SIGNATURE <i>William H. [Signature]</i>		25. FUNERAL DIRECTOR <i>Elroy W. Wilson</i>	
V S 151		7208A		107.0	



51 10341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10341

Registered No. _____

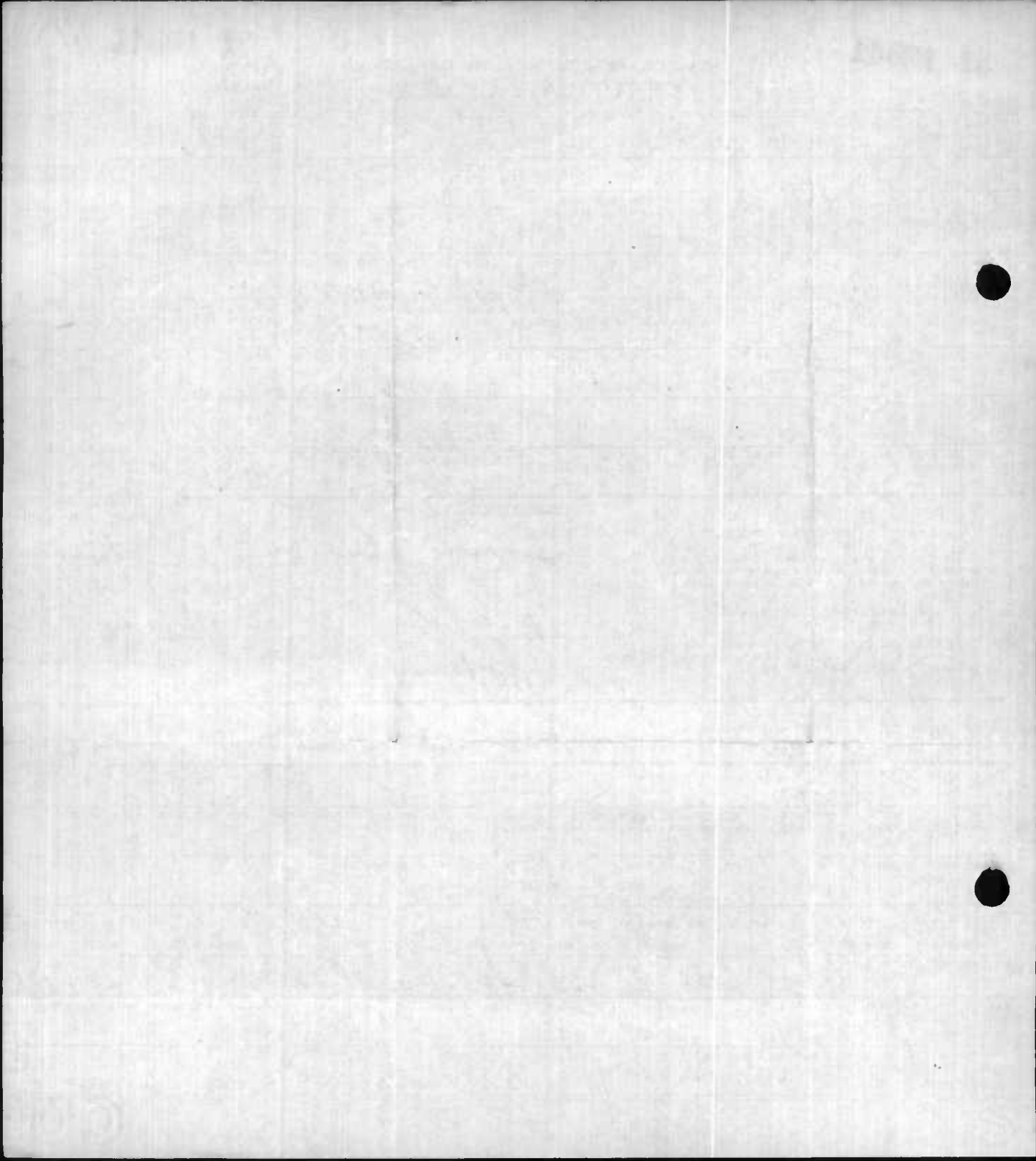
BIRTH NO. M-635

1. NAME OF DECEASED (Type or Print) <u>Howard B. Martin</u>		2. DATE OF DEATH <u>Nov. 27, 1951</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u> <u>Baltimore, Md.</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1604 N. Calvert St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
C. Length of stay in Baltimore <u>58</u> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>1604 N. Calvert Street</u> <u>1205</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 6, 1893</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Train Master</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>B. & O. Railroad</u>	9. AGE (In years last birthday) <u>58</u> If Under 1 Year Months: Days Hours: Min.
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George A. Martin</u>		14. MOTHER'S MAIDEN NAME <u>Helen White Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Miss Marie Martin</u>		ADDRESS <u>1604 N. Calvert Street</u>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Thrombosis</u> DUE TO <u>Heart Block -</u> <u>Hypertension.</u> DUE TO <u>Osteomyelitis - Bone - foot</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>2490. Hrs.</u> <u>3-4 yrs.</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>Nov 20</u>		19B. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY m. _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>51</u> , to <u>Nov 27</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 26</u> , 19 <u>51</u> , and that death occurred at <u>8:15 pm.</u> , from the causes and on the date stated above.				
23A. SIGNATURE <u>John W. Mealy, Jr.</u> M. D.		23B. ADDRESS <u>1433 W. Baltimore St.</u>		23C. DATE SIGNED <u>11/29/51</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>11/30/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>NOV 30 1951</u>		REGISTRAR'S SIGNATURE <u>John W. Mealy, Jr.</u>	25. FUNERAL DIRECTOR <u>W. W. Mealy and Son</u> ADDRESS <u>855 N. Calvert St.</u>



N-600

51 10342

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10342

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) William Leo V. Neary		2. DATE OF DEATH Nov. 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR ST. (If not in hospital or institution, give street address or location) INSTITUTION 2303 St. Paul Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2509 St. Paul Street		12-03	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH ----- 1880	
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Michael Edward Neary		14. MOTHER'S MAIDEN NAME Sarah Kane	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Anna L. Neary		ADDRESS 2509 St. Paul Street	

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) generalized arteriosclerosis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 months
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 1951 to Nov. 27, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE E. E. Neary		23B. ADDRESS 2431 Maryland Ave.		23C. DATE SIGNED 11-29-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		24F. REGISTRAR'S SIGNATURE William V. Neary	
24G. FUNERAL DIRECTOR W. W. Weeks		24H. ADDRESS 205 N. Calvert St.		24I. DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951	

B-621

51 10343

51 10343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Barbara Birgfeld*2. DATE
OF
DEATH*Nov. 29, 1957*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bethesda

D. STREET ADDRESS (If rural, give location)

5902 Kingswood Rd.

C. Length of stay in Baltimore

*2 years*Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.*Female**White**1-8-43**8*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?*Washington D. C.**U.S.A.*

13. FATHER'S NAME

Clarence Birgfeld

14. MOTHER'S MAIDEN NAME

*Louise Trubler*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*JOHNS HOPKINS HOSPITAL*18. *29204*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

*Bronchial or interstitial
pneumonia**5 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

*Aplastic Anemia**6 years*

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from *9/12/57* to *11/29/57*, that I last saw the deceased alive on *11/29/57*, and that death occurred at *9:20 PM*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

*Ruth F. Bowers**11-29-57*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

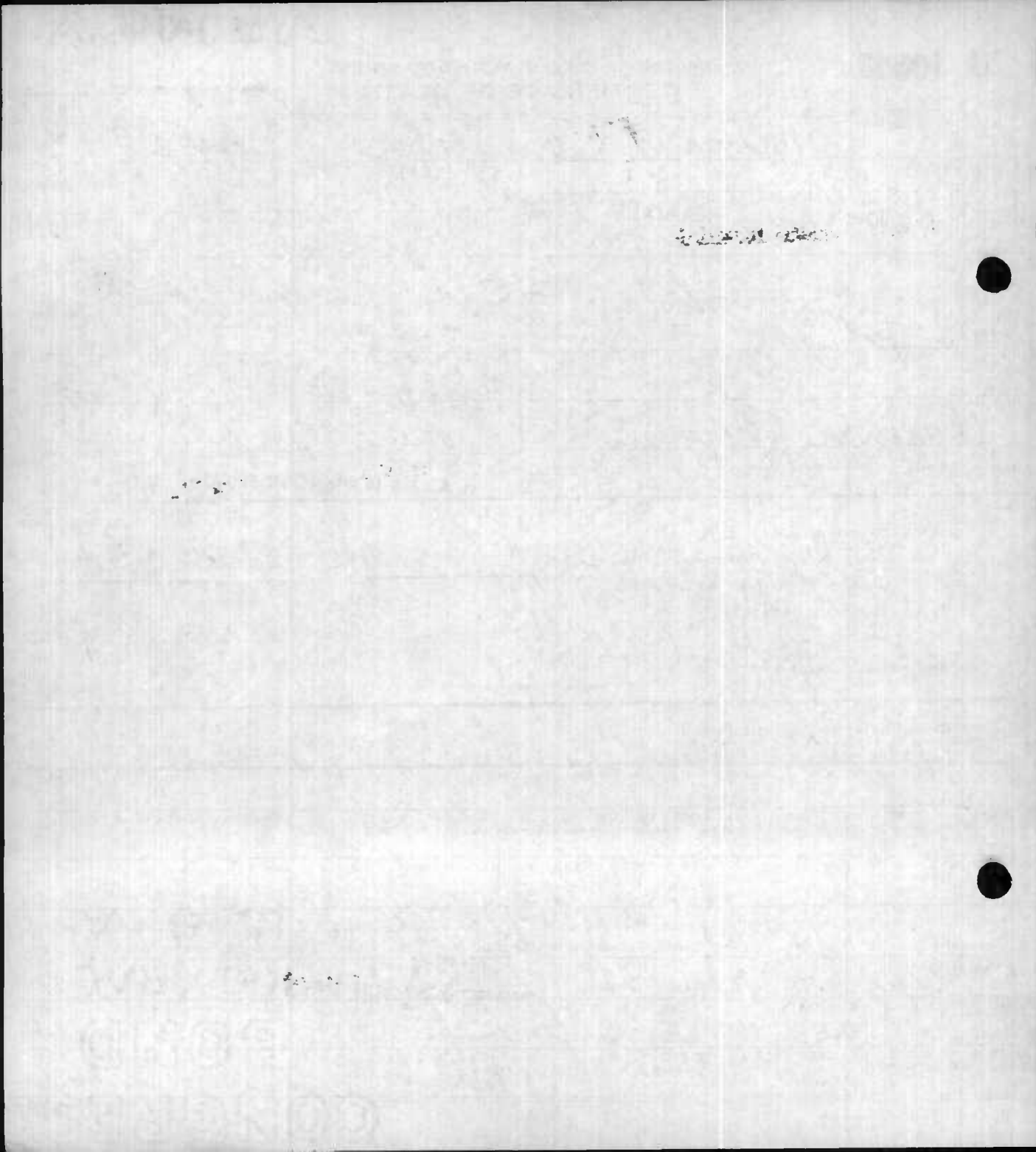
*Burial**Dec 1 - 1957**Fort Lincoln Cemetery**Prince George Co, Maryland*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Nov 30 1957**Robert A. Humphrey**Robert A. Humphrey - Bethesda, Maryland*



300
51 10344BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10344
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY FAITH

2. DATE
OF
DEATH

29 Nov. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Lutheran Hospital

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital of Maryland.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

Washington County

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

HANCOCK

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

26 Nov. 1907

9. AGE (In years
last birthday)

44

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Penn. Glass Sand Corp.

11. BIRTHPLACE (State or foreign country)

—

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

not known

Consol.

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Faith; Hancock, Md.

18.

223 X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral hemorrhage

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2-5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral cyst or neoplasm

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Nov., 1951, to 29 Nov., 1951, that I last saw the
deceased alive on 29 Nov., 1951, and that death occurred at 9:31 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William F. Kremer M.D.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

29 Nov. '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

11-2-51

24C. NAME OF CEMETERY OR CREMATORY

Episcopal

24D. LOCATION (City, town, or county)

Hancock Washington Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William F. Kremer, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard J. Stone Hancock

NOV 30 1951

VS 150

97024

056 D

MEDICAL CERTIFICATION

11-13-14

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 13, 1914.

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 10, 1913.

ALBANY:
J.B. LEECH, STATE PRINTER.
1914.

ALBANY, N. Y., JANUARY 13, 1914.

TO THE SENATE:

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE

421
51 10345

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10345

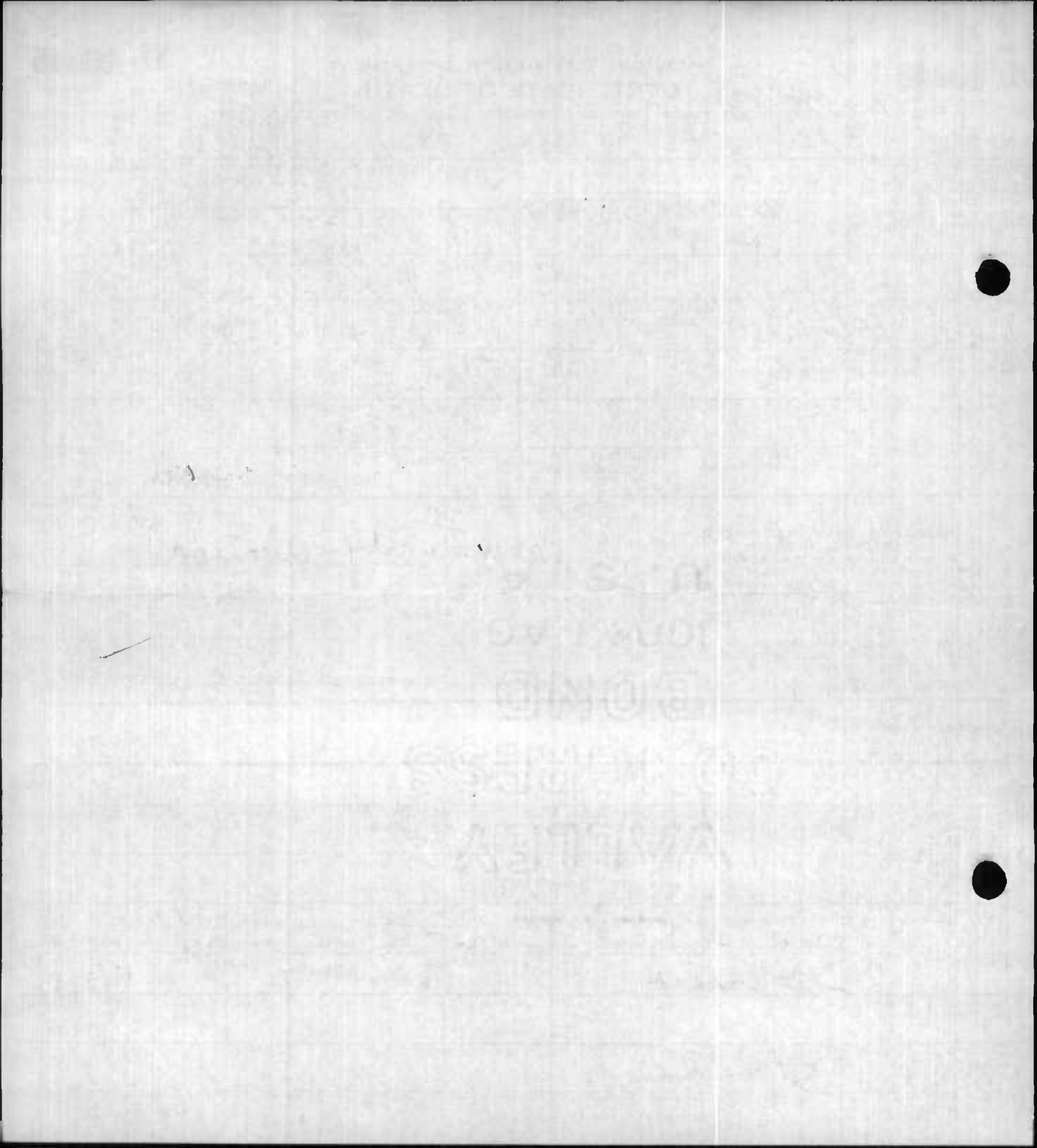
Registered No. _____

BIRTH NO. 51-30474

1. NAME OF DECEASED (Type or Print) <i>Baby Girl Willoughby</i>		2. DATE OF DEATH <i>Nov. 2, 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>14211 Penn</i>		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE <i>Md</i> b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-02</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <i>657 Sterling St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH <i>11-2-51</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>Newborn</i> If Under 1 Year: Months: Days: Hours: Min.
13. FATHER'S NAME <i>P</i>		14. MOTHER'S MAIDEN NAME <i>Clara</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>776 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Prematurity-abortion</i>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY m. _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-2</i> 19 <i>51</i> to <i>11/2</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11-2</i> , 19 <i>51</i> , and that death occurred at <i>2:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. H. Kaiser</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/2/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY <i>Hopk. Burial</i>	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>			



635 1 10346 0 A		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 51 10346	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Baby Boy Norton		Nov. 11/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		A. STATE Md		B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (If rural, give location)			
Van Bibber					
c. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 11-11-51	
13. FATHER'S NAME William Norton		14. MOTHER'S MAIDEN NAME Mary		9. AGE (In years, last birthday) Months: Days newborn 4	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. 776 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A)			
ANTECEDENT CAUSES		(B) Unresuscitated premature			
DUE TO		(C) Miscarriage			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11/11, 1951, to 11/11, 1951, that I last saw the deceased alive on 11/11, 1951, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE J. A. Cauray		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
24D. LOCATION (City, town, or county)		24E. LOCATION (City, town, or county)		(State)	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		REGISTRAR'S SIGNATURE Mary Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS	
Med. Ex. Case		Hospital		159.9 Disposal	

560
51 10347BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10347

BIRTH NO.		1. NAME OF DECEASED (Type or Print) HUGH ALLEN DANNER		2. DATE OF DEATH 11/26/51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION 900 LIGHT ST		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 23-02			
5. SEX M		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 18, 1892		9. AGE (in years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MEAT CUTTER	
11. BIRTHPLACE (State or foreign country) STAUNTON, VA.		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME HUGH CAMPBELL DANNER	
14. MOTHER'S MAIDEN NAME EMMA NEWMAN		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MARY P. DANNER		ADDRESS 900 LIGHT ST -30			
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart Disease DUE TO Chronic Myocarditis DUE TO Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 year 1 year 1 year			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 26 , 19 51 to Nov 26 , 19 51 , that I last saw the deceased alive on 11/26/51 , and that death occurred at 8:45 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Joan F. Denny, M.D.		23B. ADDRESS 1220 S Charles St		23C. DATE SIGNED 11/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 11/30/51		24C. NAME OF CEMETERY OR CREMATORY MARVIN Chapel	
24D. LOCATION (City, town, or county) (State) Frederick, Co.-Md.		DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		REGISTRAR'S SIGNATURE Joan F. Denny, M.D.	
25. FUNERAL DIRECTOR JOAN F. DENNY, INC.		ADDRESS 715 LIGHT ST			

Dr. Miller

1228 S Charles St

9-10:30

6-8 PM

432
51 10348BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10348
Registered No.

BIRTH NO.		2. DATE OF DEATH 11/28/51	
1. NAME OF DECEASED (Type or Print) ELIZABETH SCHULTZ		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
3. PLACE OF DEATH: A. Baltimore City, Maryland		A. STATE MD.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) LONG GREEN NURSING HOME 115 E. MELROSE AVE.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 26-03	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3035 SHANNON DR.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 8/8/1863
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY HOME.	9. AGE (In years last birthday) 88
13. FATHER'S NAME JACOB GERWIG		11. BIRTHPLACE (State or foreign country) BALTIMORE, MD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. —		14. MOTHER'S MAIDEN NAME UNKNOWN	
17. INFORMANT ADDRESS MRS. GERTRUDE LANGUILLE 3035 SHANNON DR.			
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease - Chronic Myocarditis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Heart Failure Circulation II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH no year 5 days.	
19A. DATE OF OPERATION 12/21		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? <input checked="" type="checkbox"/>		(If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1946, 19, to Nov 28, 1951, that I last saw the deceased alive on 11-28, 1951, and that death occurred at 7:40 P. M., from the causes and on the date stated above.			
23A. SIGNATURE Helen E. Little		23B. ADDRESS 10 W. Madison St.	
M. D. 11-29-51		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/1/51	
24C. NAME OF CEMETERY OR CREMATORY LOUDON PARK		24D. LOCATION (City, town, or county) (State) FREDERICK RD	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR ADDRESS JOHN F. DENNY, INC 715 LIGHT ST.			

Dr. Little

10 W. MADISON

Minneapolis 1704

400
51 10349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10349

1. NAME OF DECEASED (Type or Print) VASHTI BARTLETT GALLOWAY		2. DATE OF DEATH NOV. 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY HARFORD	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Bal air	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) Harford canceller-cant Home RFD #1	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 13, 1874
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 77
11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY? U-S-A	
13. FATHER'S NAME James E. Norman, Sr.		14. MOTHER'S MAIDEN NAME Vashti Bartlett Gorsuch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Mr. James E. Norman, Jr.		ADDRESS 3400 Windsor Ave.	

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of the rectum		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION —	19B. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) —	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY —	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from **Sept. 24, 1951**, to **Nov. 29, 1951**, that I last saw the deceased alive on **Nov. 29, 1951**, and that death occurred at **3:10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Lakshmi Balkhair		23B. ADDRESS M. D. Maryland General Hospital	23C. DATE SIGNED 11/29/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/1/51	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		REGISTRAR'S SIGNATURE William Williams	
VS 150		25. FUNERAL DIRECTOR Thos. J. Dickner & Sons 1046 D Balto, Md.	

10-01

RECEIVED

10-01

120
51 10350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10350
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSE LOPEZ		2. DATE OF DEATH 11/28/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Senai Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1226 N Calvert		Yrs. Mos. Days	
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 3/30/11	
9. AGE (In years last birthday) 40		10. Under 1 Year Months Days	
11. Under 24 Hours Hours Min.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME FRANSICO LOPEZ		14. MOTHER'S MAIDEN NAME WAN SE SLA CRUZ	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 024-14-5574	
17. INFORMANT HOSPITAL RECORDS		ADDRESS	

18. 581.1 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) HEPATIC COMA	
DUE TO		(B) LAENNEC C. ARTERIOSCLEROSIS	
DUE TO		(C)	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 21, 1951 to Nov 28, 1951 ; that I last saw the deceased alive on Nov 28, 1951 and that death occurred at 11 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert Sander		23B. ADDRESS Senai Hosp		23C. DATE SIGNED 11/29/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11/30/51		24C. NAME OF CEMETERY OR CREMATORY U. S. National Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR St. M. Cook, Inc.		ADDRESS 1217 So. Paul St.	

057 FM

124-a

MEDICAL CERTIFICATION

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UNITED STATES DEPARTMENT OF THE INTERIOR

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253
10351BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10351

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		SAM Robert L. MAC INTOSH		11-29-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
		A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
Franklin Square Hospital		Baltimore			
D. STREET ADDRESS (If rural, give location)		1509 W. Lexington Street			
Length of stay in Baltimore 11 Mo.		17-02			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Feb. 28, 1886	9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clancon Co. S. C.	
13. FATHER'S NAME Fardin Mac Intosh		14. MOTHER'S MAIDEN NAME Margaret Baker		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Georgia Wilder 1509 W. Lexington	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley H. Dunsen		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/> 23C. DATE SIGNED 11-29-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Nov. 30-51	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) Lake City S. C.
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		25. FUNERAL DIRECTOR ADDRESS Samuel W. Sullivan Jr.	

VS 151

97010932 1011 N. Arlington Ave



356
51 10352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10352
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRIETTA SCHATTNER		2. DATE OF DEATH 11-29-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13	
C. Length of stay in Baltimore 43 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2600 Park Heights Terrace	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 72
13. FATHER'S NAME Morris		11. BIRTHPLACE (State or foreign country) Utah	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME Roska		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Joseph Schattner - New York ADDRESS	

18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Artery occlusion DUE TO	INTERVAL BETWEEN ONSET AND DEATH immediate
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease DUE TO Hypertension DUE TO	2 yrs 2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-23-50** to **6-17-51**, that I last saw the deceased alive on **6-17-51**, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Iwin Rauter	23B. ADDRESS 3003 Juniper Blvd	23C. DATE SIGNED 11-30-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 11-30-51	24C. NAME OF CEMETERY OR CREMATORY New York N.Y.
24D. LOCATION (City, town, or county) (State)	25. FUNERAL DIRECTOR Jack Revick	25. ADDRESS 2100 Eastern Pl

Pauper
3000 Garrison Blvd

VALLEY
CONGRESS
BOND

145
51 10353BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10353

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HOWARD CAPLAN		2. DATE OF DEATH 11-29-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15th	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3511 Rosedale Road	
5. SEX m	6. COLOR OR RACE w	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) m	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Frank		14. MOTHER'S MAIDEN NAME Anna	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Beatrice Caplan		ADDRESS Dave	

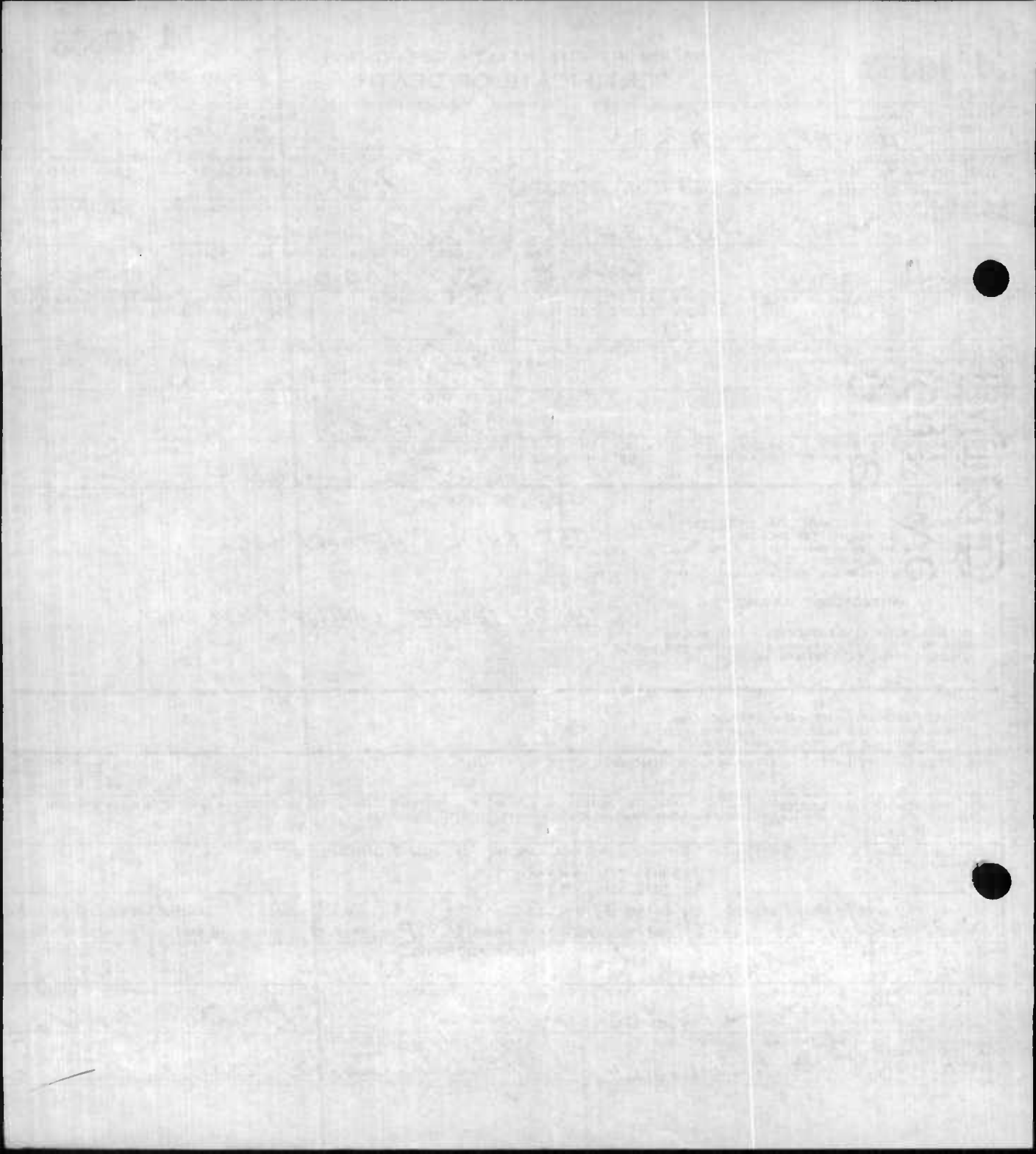
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL HEMORRHAGE DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-29-51 , 19 51 , to 11-29 , 19 51 , that I last saw the deceased alive on 11-29 , 19 51 , and that death occurred at 12:09 PM , from the causes and on the date stated above.					
23A. SIGNATURE Adolphe M. Chrewn		23B. ADDRESS Sinai Hosp		23C. DATE SIGNED 11-29-51	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE 11-30-51		24C. NAME OF CEMETERY OR CREMATORY Belmont	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Jack Lewis Inc 2100 Eutan Rd			
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		REGISTRAR'S SIGNATURE William Williams		ADDRESS	

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451

51 10354
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10354

1. NAME OF DECEASED (Type or Print) FANNY BLUMBERG		2. DATE OF DEATH 11-29-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION 246 No Fulton Ave		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20	
c. Length of stay in Baltimore 9 Yrs. Mo Days		d. STREET ADDRESS (If rural, give location) 246 No Fulton Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 89 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William		14. MOTHER'S MAIDEN NAME Sora	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT William Blumberg - home		ADDRESS	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerosis myocarditis DUE TO coronary occlusion (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 15 1951 to Nov. 28 1951 , that I last saw the deceased alive on Nov 28, 1951 , and that death occurred at 7 m., from the causes and on the date stated above.					
23A. SIGNATURE Benjamin Haden		23B. ADDRESS 2806 EUTAW PLACE BALTIMORE - 12 MD		23C. DATE SIGNED 11-29-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 11-30-51		24C. NAME OF CEMETERY OR CREMATORY Cheverre Ahaos chesed	
24D. LOCATION (City, town, or county) (State) Randallstown Md		25. FUNERAL DIRECTOR Jack Lewis Inc 2100 Eutaw Pl			

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

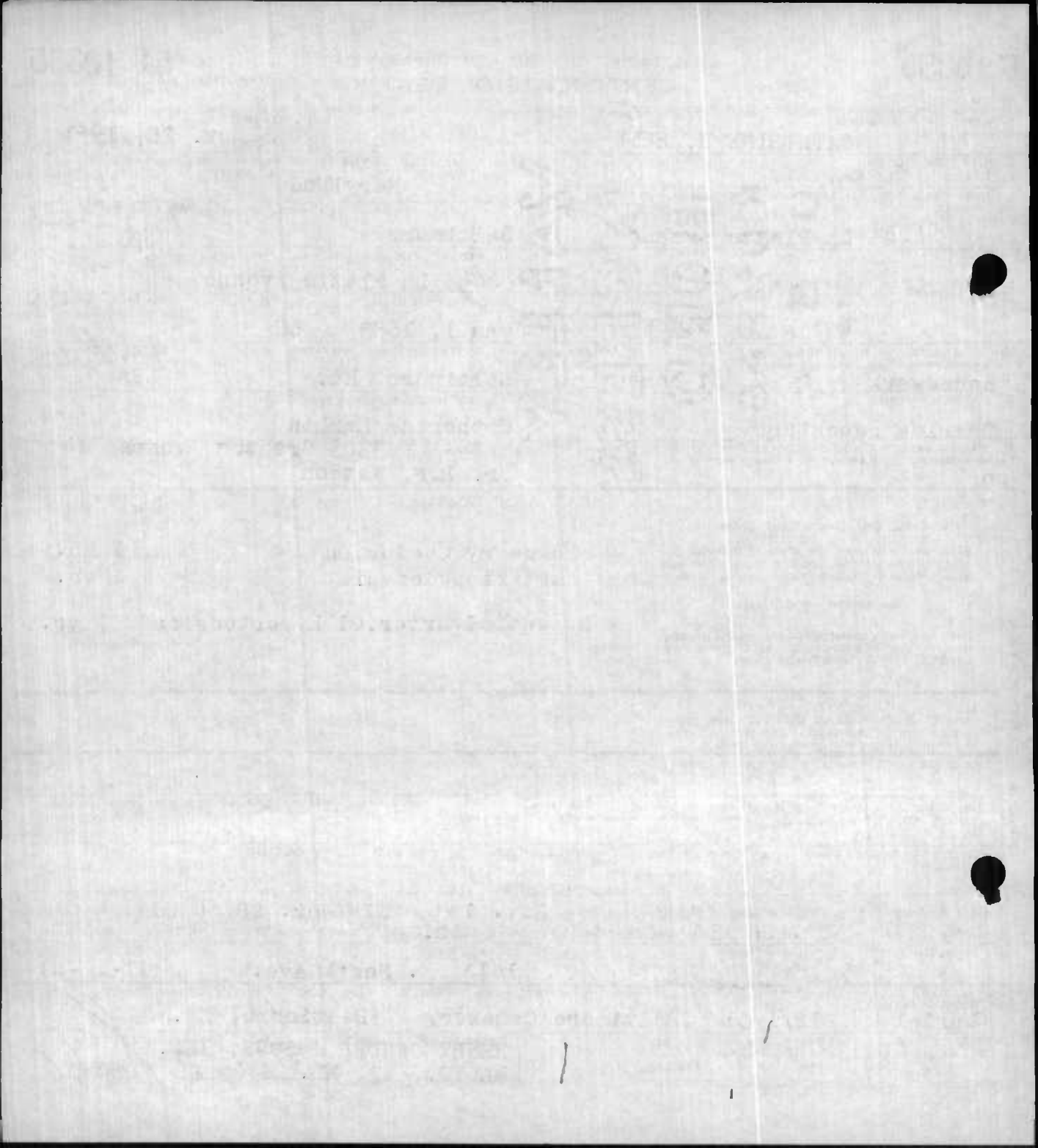
Registered No. 51 10355

BIRTH NO.		1. NAME OF DECEASED (Type or Print) CATHERINE M. HUTH		2. DATE OF DEATH Nov. 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4445 La Platte Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 4445 La Platte Avenue			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	B. DATE OF BIRTH June 1, 1883		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles Feuchter			
14. MOTHER'S MAIDEN NAME Catherine Larkin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			
16. SOCIAL SECURITY NO.		17. INFORMANT 3305 Granton Avenue 14 Mr. R.F. Watson			

MEDICAL CERTIFICATION	18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 Mo. 1 yr.
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Essential Arterial Hypertension DUE TO		1 yr.
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov. 13, 1951 to Nov. 28, 1951 that I last saw the deceased alive on Nov. 28, 1951 and that death occurred at 10:30 PM from the causes and on the date stated above.					
23A. SIGNATURE <i>Henry Sander</i>		23B. ADDRESS 1613 E. North Ave.		23C. DATE SIGNED 11-29-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/1/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD.			
DATE RECEIVED BY LOCAL REGISTRAR Nov 30 1951		REGISTRAR'S SIGNATURE <i>William Williams</i>		ADDRESS <i>Henry Sander</i>	

094a



363
51 10356BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10356

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WALTER P. STREETT		2. DATE OF DEATH Nov. 27, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Maryland b. COUNTY 9-07	
b. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION 1728 Montpelier Street location)		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1728 Montpelier Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 18, 1880
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping clerk		10B. KIND OF BUSINESS OR INDUSTRY Drug Company	9. AGE (In years last birthday) 71
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard L. Streett		14. MOTHER'S MAIDEN NAME Sarah N. Denbow	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT 1728 Montpelier Street -18 Mrs. Andrew Cox			

18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO Anteroselector Cardiorascular Disease DUE TO Anteroselector Cardiorascular Disease DUE TO Anteroselector Cardiorascular Disease	CAUSE OF DEATH Chronic Myocarditis Anteroselector Cardiorascular Disease Anteroselector Cardiorascular Disease	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

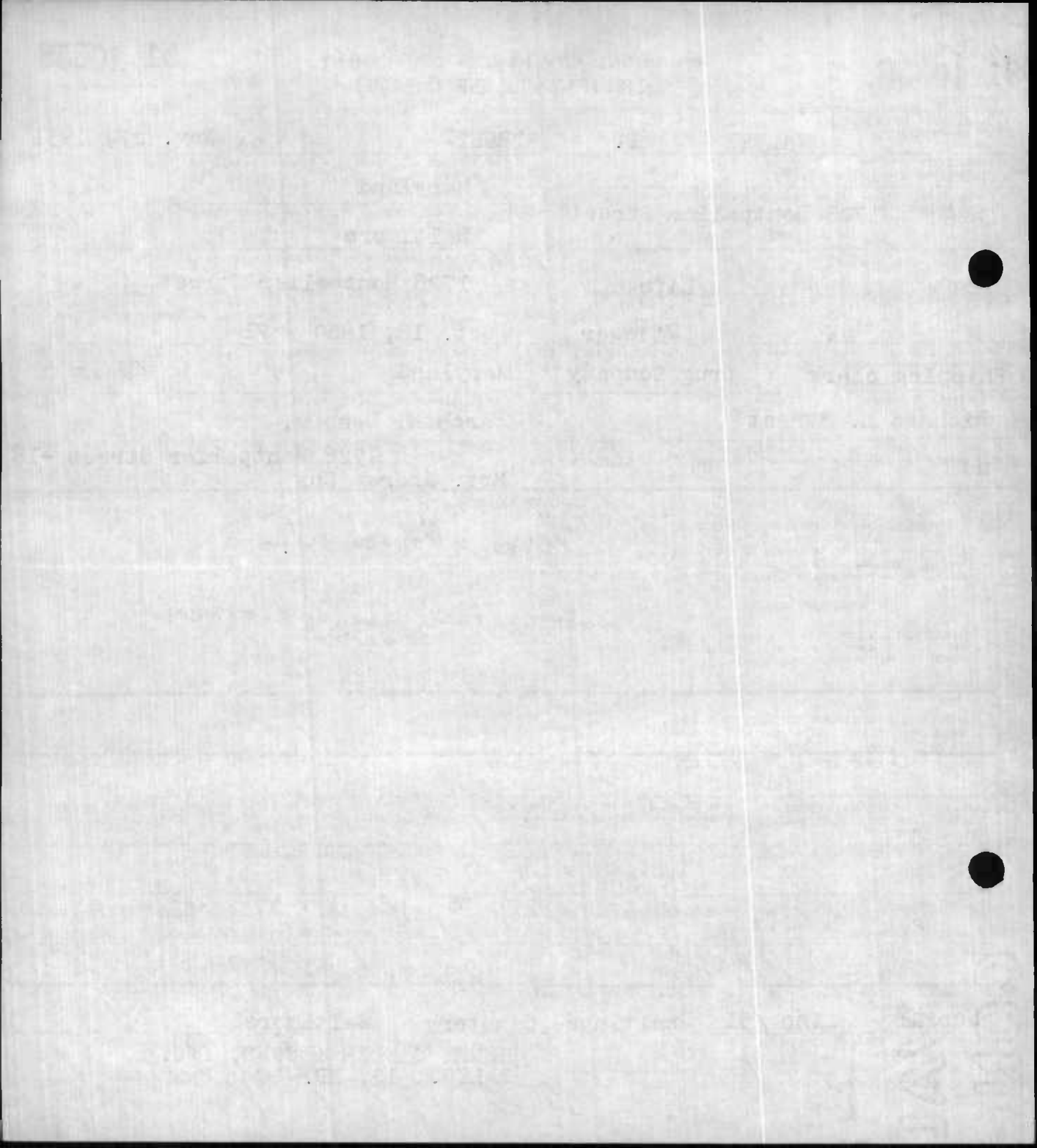
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Nov. 28 , 1951, to Nov. 27 , 1951, that I last saw the deceased alive on Nov. 27 , 1951, and that death occurred at 11:28 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE Andrew Cox		23B. ADDRESS 1331 North Ave		23C. DATE SIGNED 11-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 11/30/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951	REGISTRAR'S SIGNATURE Walter P. Williams	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO., 13, MD	

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140
10357BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10357
Registered No.

1. NAME OF DECEASED (Type or Print) Frank H. Levell			2. DATE OF DEATH November 29, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3173 Keswick Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 3173 Keswick Road			E. LENGTH OF STAY IN BALTIMORE 45 years		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 8, 1886	9. AGE (in years last birthday) 65	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer Retired 2 Mo. Pa. Railroad			11. BIRTHPLACE (State or foreign country) Virginia		
13. FATHER'S NAME William Levell			12. CITIZEN OF WHAT COUNTRY? U S A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Anna Sophia Levell			ADDRESS 3173 Keswick Road		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) coronary occlusion DUE TO embolism Post. Tibial artery - operation for ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. antemo. sclerosis OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. infarct heart muscle infarct myocardium	INTERVAL BETWEEN ONSET AND DEATH 4 mo. 4 mo.
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **MAR. 1951** to **NOV. 29, 1951**, that I last saw the deceased alive on **NOV. 29, 1951**, and that death occurred at **12:29 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE **[Signature]** M. D. **[Signature]** 23B. ADDRESS **2020 K. Charles St** 23C. DATE SIGNED **11/30/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 1, 1951	24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	24D. LOCATION (City, town, or county) (State) Baltimore Co., Maryland
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road	

Item 22. Information was received by phone from
Dr. Dittloff. 11/30/51 JML

445
51 10358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10358
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *ELLA Wilhelm*

2. DATE OF DEATH *Nov. 29-1951*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *MARYLAND* B. COUNTY *Baltimore*

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Fullerton

FRANKLIN Square Hospital

D. STREET ADDRESS (If rural, give location)
Smith Ave

Length of stay in Baltimore
Yrs. Mos. Days

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

8. DATE OF BIRTH *6/1/1879* 9. AGE (In years last birthday) *72* If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
David Franklin Painter

14. MOTHER'S MAIDEN NAME
Carrie Hax

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Geo. D. Hays 3313 Putty Hill Rd.

18. *4201*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH
(A) *Myocardial infarction*
DUE TO *Disease*
(B) *Arteriosclerotic Cardiovascular*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH
24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *11-28*, 1951, to *11-29*, 1951, that I last saw the deceased alive on *11-29*, 1951, and that death occurred at *6:30 P.* m., from the causes and on the date stated above.

23A. SIGNATURE
W. B. Barlow

M. D.

23B. ADDRESS
Franklin Sq. Corp.

23C. DATE SIGNED
11-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE
Dec. 3-1951

24C. NAME OF CEMETERY OR CREMATORY
St. Mary's (Hampton)

24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

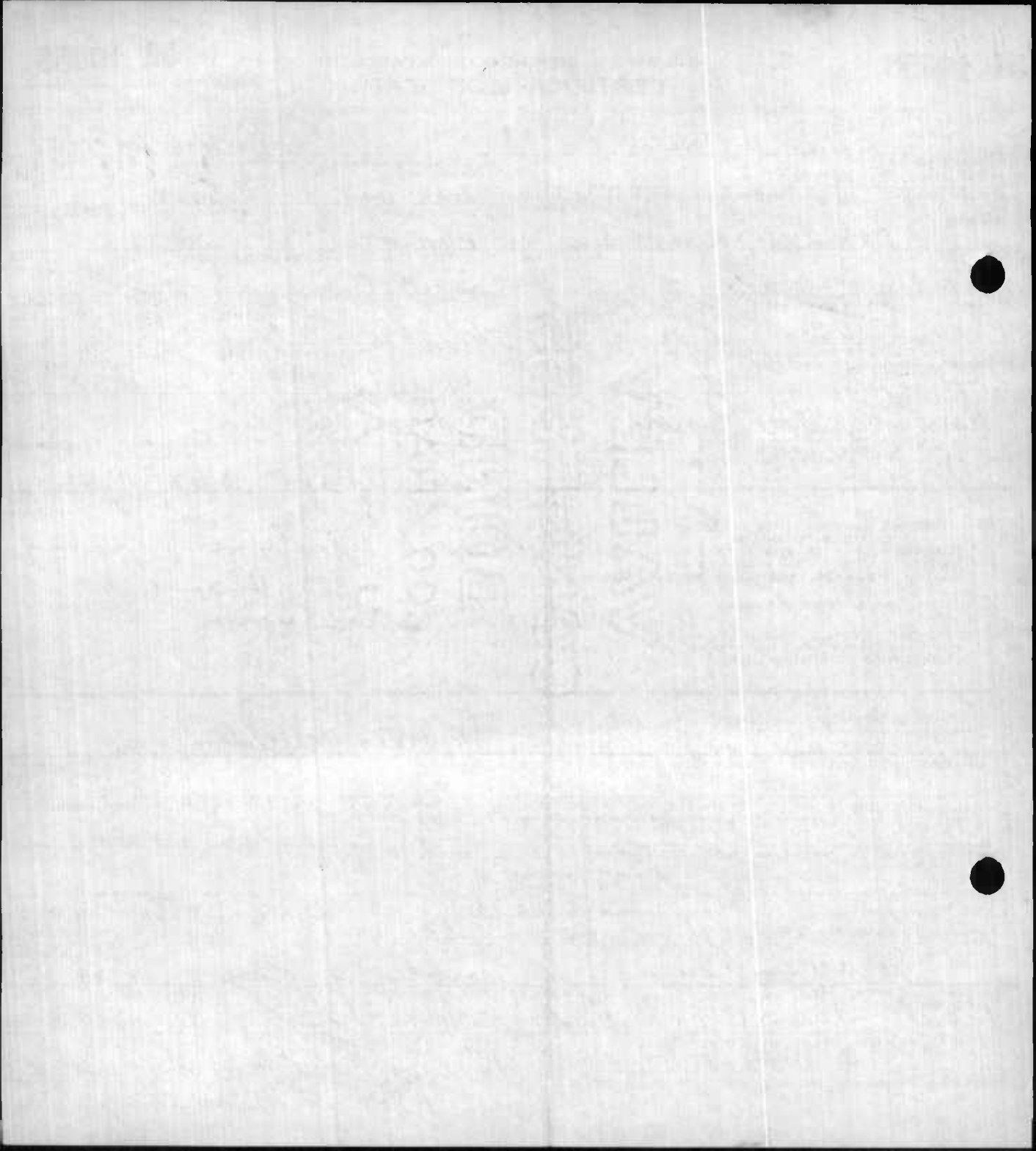
REGISTRAR'S SIGNATURE
Walter F. Williams

25. FUNERAL DIRECTOR

ADDRESS
Surgee Funeral Home 3631 Falls Road

NOV 30 1951

MEDICAL CERTIFICATION



650
10359-BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10359

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Wm C. Graham</i>		2. DATE OF DEATH <i>11/28-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>1202 Whitelock St.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1202 Whitelock St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>30 years</i>		D. STREET ADDRESS (If rural, give location) <i>Maryland</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 3, 1900</i>	9. AGE (In years last birthday) <i>51</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Service man</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Public garage</i>		11. BIRTHPLACE (State or foreign country) <i>Esouesta Co. Pa</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>William Graham</i>		14. MOTHER'S MAIDEN NAME <i>Fannie Evans</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>212-10-3868</i>		17. INFORMANT <i>Mr. Elizabeth Graham</i>	
18. <i>334X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis & Paralysis</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/21</i> , 19 <i>51</i> , to <i>11/28</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11/28</i> , 19 <i>51</i> , and that death occurred at <i>4:45</i> P. M., from the causes and on the date stated above.					
23A. SIGNATURE <i>Burkhalter Sr.</i>		23B. ADDRESS <i>2139 W. 1st St.</i>		23C. DATE SIGNED <i>Nov. 29, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Nov. 30, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Union Burial</i>	
24D. LOCATION (City, town, or county) <i>Esouesta Co. Pa</i>		24E. REGISTRAR'S SIGNATURE <i>Wm. C. Williams</i>		24F. REGISTRAR'S ADDRESS <i>1631 Druid Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1951</i>		VS 150			

MEDICAL CERTIFICATION

55483

083a

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1000

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D.O.B. 5/10/36 51-10360 Case released to Hospital		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 10360 Registered No.	
1. NAME OF DECEASED (Type or Print) Eugene Mitchell			2. DATE OF DEATH November 27, 1957		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Md. b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION JOHNS HOPKINS HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 710 Greenmount Ave.		
5. SEX male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH May 22, 1885		9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Eugene Mitchell	
14. MOTHER'S MAIDEN NAME Harriette		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Maxillary Sinus		INTERVAL BETWEEN ONSET AND DEATH	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		CERTIFICATION APPROVED BY Stanley H. D... M.D. CHIEF OR ASST. MEDICAL EXAMINER			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 11-27-57, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph A. Courney		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/57		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) Balto.		24E. (State) Md.		24F. DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1957	
24G. REGISTRAR'S SIGNATURE Huntington Williams, Jr.		24H. FUNERAL DIRECTOR Mrs. Katie B. Williams		24I. ADDRESS 322 N. Schroeder St.	
VS 150 Certificates to be approved by Medical Examiner 055D					

Laurence H. H. H. H.

Laurence H. H. H. H.

Laurence H. H. H. H.

200
1 10361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

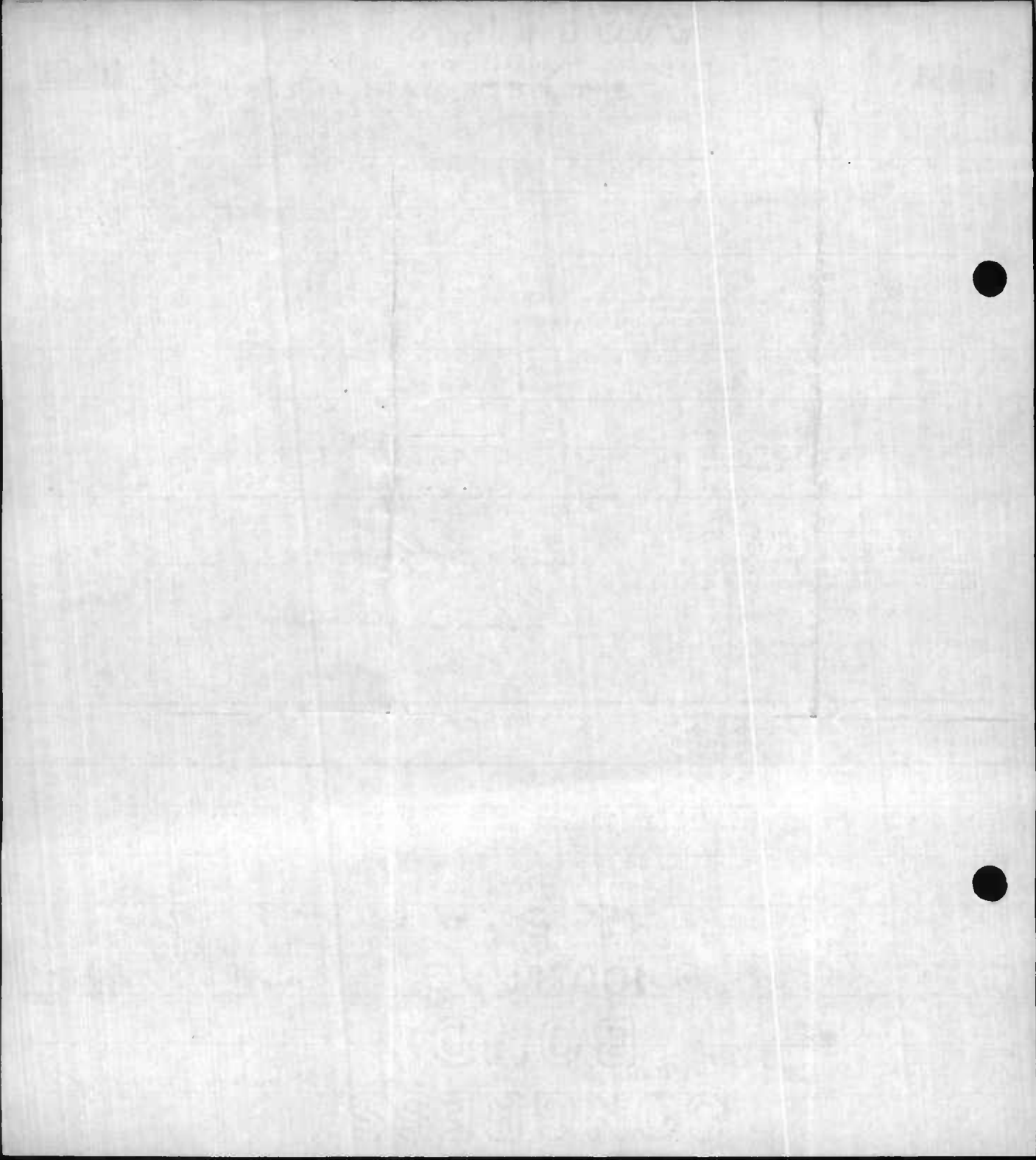
Registered No. 51 10361

1. NAME OF DECEASED (Type or Print) Clifton H. Reese		2. DATE OF DEATH Nov. 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1534 Riverside Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-04	
C. Length of stay in Baltimore 82 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1534 Riverside Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13, 1869
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Contractor	9. AGE (In years last birthday) 82
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Reese		14. MOTHER'S MAIDEN NAME Hooper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Rev. J. Kelly Reese		ADDRESS 1534 Riverside Ave.	

18. 421.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Chronic Endocarditis DUE TO (B) Pulmonary edema DUE TO (C) General Anemia INTERVAL BETWEEN ONSET AND DEATH 6 mos. 3 dys. 4 mos.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 24, 1951, to Nov 29, 1951, that I last saw the deceased alive on Nov 29, 1951, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE J. M. Helms, Jr. M. D.		23B. ADDRESS 1279 Williams St.		23C. DATE SIGNED 11/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
				24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR W. W. Meads & Son 805 N. Calvert St.	

092 D



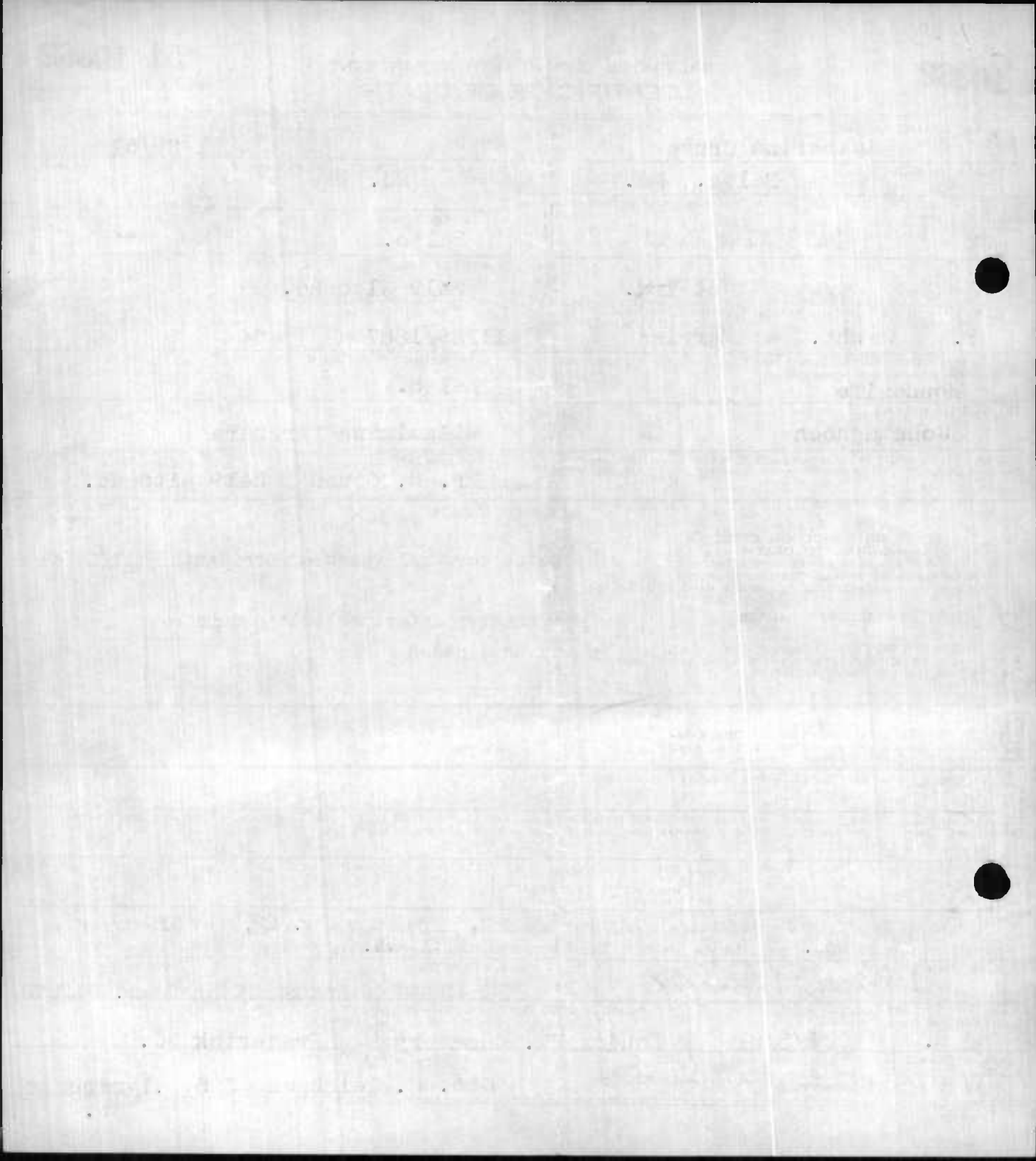
620
10362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10362

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Katherine Cruse		2. DATE OF DEATH 11/29/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto., Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3419 Alto Road		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Balto. 15-38			
c. Length of stay in Baltimore 64 Yrs. Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3419 Alto Rd.			
5. SEX F.	6. COLOR OR RACE Wht.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11/29/1887	9. AGE (In years last birthday) 64	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balto.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME John Schoen		14. MOTHER'S MAIDEN NAME Wilhelmina Barnhart	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mr. O. Cruse 3419 Alto Rd.	
18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Repeated cerebral vascular accidents		INTERVAL BETWEEN ONSET AND DEATH 11/24/48	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertensive arteriosclerotic cardiovascular disease			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 7, 1948, to Nov. 29, 1951 that I last saw the deceased alive on Nov. 29, 1951, and that death occurred at 11:15 AM from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS M. D. 3030 Edmondson Avenue		23C. DATE SIGNED Nov. 30, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) B.		24B. DATE 12/3/51		24C. NAME OF CEMETERY OR CREMATORY Loudon Pk. Cemetery	
24D. LOCATION (City, town, or county) Frederick Rd.		24E. DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		25. FUNERAL DIRECTOR ADDRESS Geo. H. Leimbach 525 N. Lyndhurst St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10363

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

J.
William Thompson (William J. Thompson)

2. DATE
OF DEATH

11-27-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**Baltimore City Hospitals
4940 Eastern Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY _____

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1910 Ramsey St.

C. Length of stay in Baltimore

60yrs.

Yrs.
Mos.
Days

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept. 2-1891

9. AGE (In years last birthday)

60

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10B. KIND OF BUSINESS OR INDUSTRY

Behr-Seaton Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?
USA

13. FATHER'S NAME

Thomas P. Thompson

14. MOTHER'S MAIDEN NAME

Isabelle Armuth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
220-12-6565

17. INFORMANT **Baltimore City Hospitals**
Records: **4940 Eastern Ave.**

18. **00YX I**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Far advanced Pulmonary Tuberculosis**

9yrs. ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. _____

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **11-23-** **1951**, to **11-27-** **1951**, that I last saw the deceased alive on **11-27-** **1951**, and that death occurred at **2.35A** m., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave. Baltimore, Md.

23C. DATE SIGNED

11-27-1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Nov. 30-1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

F. B. Wippert & Son

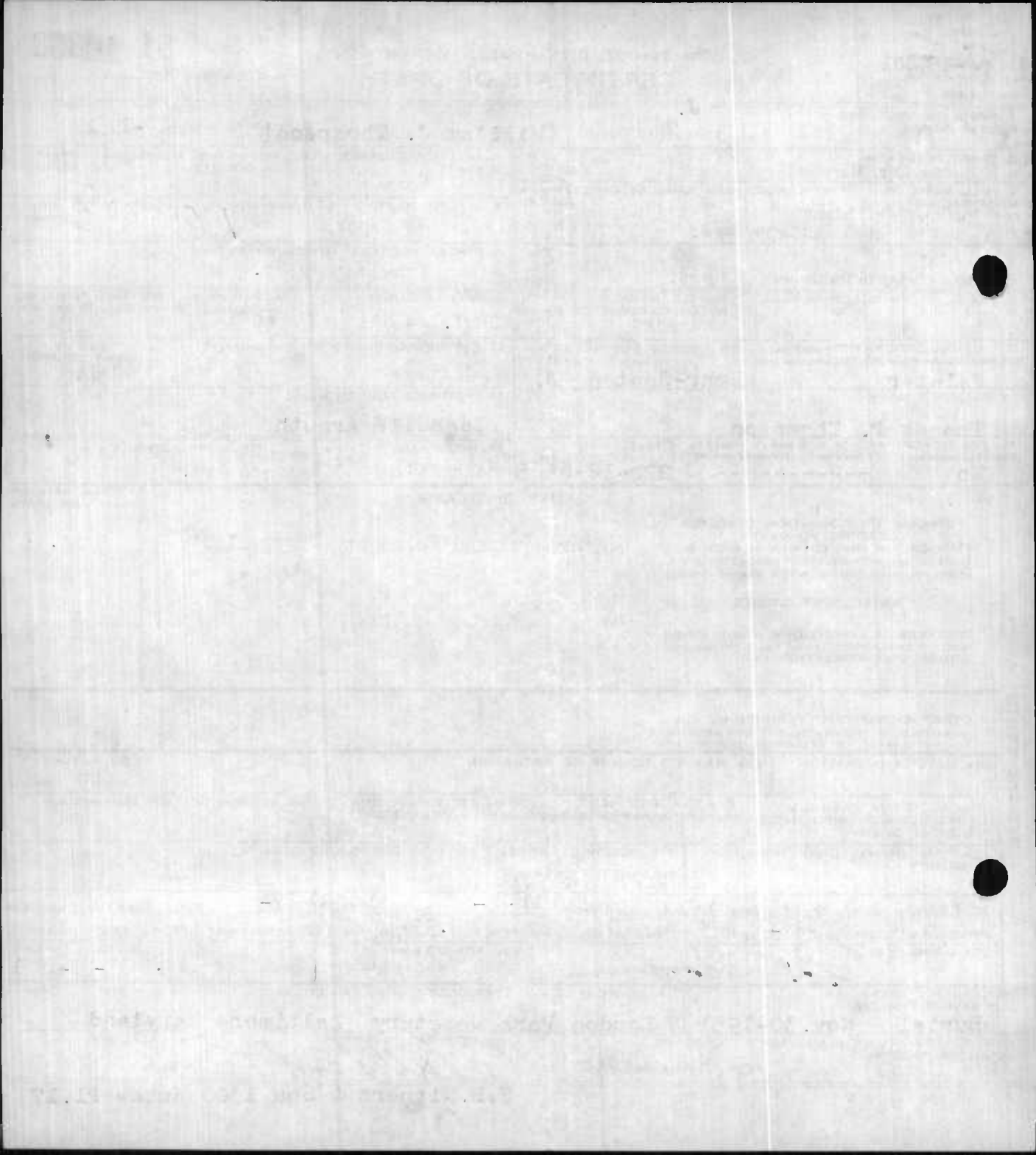
VS 150

F.B.Wippert & Son 1300 Eutaw Pl.17

56424

013 B

MEDICAL CERTIFICATION



525
1 10364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10364

1. NAME OF DECEASED (Type or Print) JAMES G. DUNSMORE		2. DATE OF DEATH Nov. 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1732 Poplar Grove St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1732 Poplar Grove St.	
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb 5, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patrol for Repairman		10B. KIND OF BUSINESS OR INDUSTRY B + O A. R.	9. AGE (In years last birthday) 70
11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Ralph H. Dunsmore		ADDRESS 2869 W. Harrison Ave.	

MEDICAL CERTIFICATION

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior - Sclerotic Heart		INTERVAL BETWEEN ONSET AND DEATH 4 mo.
(A) DUE TO Disease with Acute failure		
(B) DUE TO - Chronic Nephritis		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. - Generalized Arterio - Sclerosis		1 yrs.
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. -		- 2 yrs.

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 15, 1951 to Nov. 28, 1951 , that I last saw the deceased alive on Nov. 28, 1951 and that death occurred at 9:45 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul L. Chambers		23B. ADDRESS 4108 Liberty Hts. A		23C. DATE SIGNED 11/30/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/51		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville Md.		25. FUNERAL DIRECTOR ADDRESS Paul E. Chambers 3615-17 Belmont Ave.			

NOV 30 1951
VS 150

553 50

131a

Mr. E. L. Chamberlain

4108 Liberty Heights Ave

930 - 11 A.M.

51 100
10365BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 51-10365

1. NAME OF DECEASED (Type or Print) MARY E. COOP.		2. DATE OF DEATH Nov 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5811 Blank Hill Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5811 Blank Hill Rd.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 17, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (in years last birthday) 76
11. BIRTHPLACE (State or foreign country) md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Herbert P. Walsham		ADDRESS 5811 Blank Hill Rd.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 442X I CAUSE OF DEATH Respiratory Failure DUE TO Hemiplegia DUE TO Hypertension of arteriosclerotic cordis - and similar renal disease DUE TO Hypertension of arteriosclerotic cordis - and similar renal disease INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JUNE 1950 to NOV 29, 1951 that I last saw the deceased alive on NOV 26, 1951 and that death occurred at 6:30 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE J. Shorofsky M.D.		23B. ADDRESS 4734 Park Heights Ave	
23C. DATE SIGNED 11/30/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/1/51	
24C. NAME OF CEMETERY OR CREMATORY Greenmount		24D. LOCATION (City, town, or county) (State) North Ave.	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		REGISTRAR'S SIGNATURE Antonia Williams, M.D.	
25. FUNERAL DIRECTOR Paul C. Chmura		ADDRESS 3615-17 Chelton Ave.	

Dr Iradou Sborofsky
4734 Park Heights Ave
9 A.M.

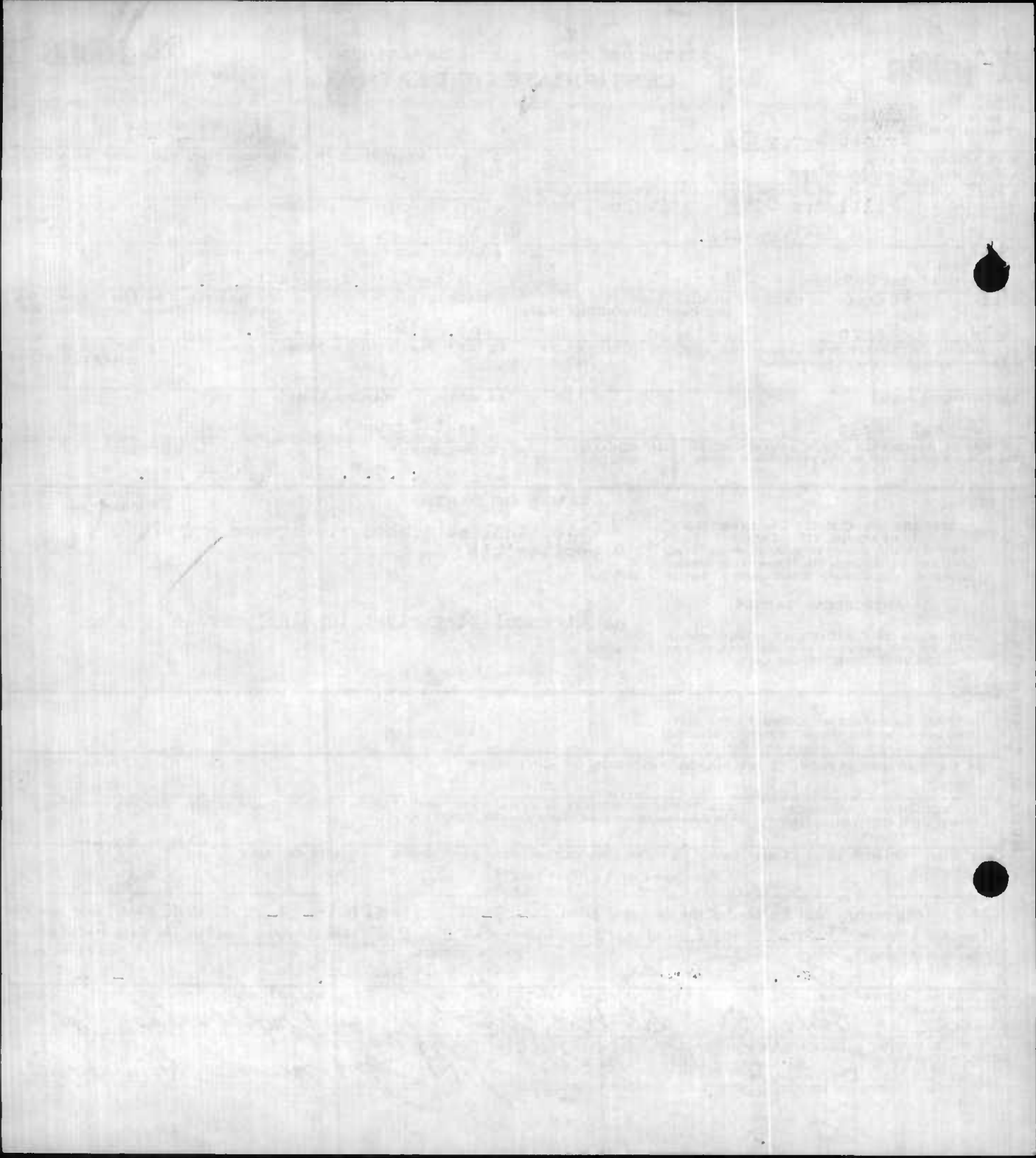
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51-154365
51-10386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10366
X Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Ernest Leroy Davis	
2. DATE OF DEATH II-29-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.	
6. LENGTH OF stay in Baltimore Life Yrs. Mos. Days	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Oct. 25, 1951	
9. AGE (In years last birthday) 1 Mo.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Ernest Davis	
14. MOTHER'S MAIDEN NAME Hazel Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Records: B.C.H. 4940 Eastern Ave.	
1B. 561.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Intestinal obstruction, Gangrene and peritonitis DUE TO (A) (B) Strangulation right inguinal hernia (C) INTERVAL BETWEEN ONSET AND DEATH 2 Days 3 Days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from II-29-51, 1951 to II-29-51, 1951, that I last saw the deceased alive on II-29-51, 1951 and that death occurred at 5:30 P.m., from the causes and on the date stated above.	
23A. SIGNATURE J.S. Rogers M.D.	
23B. ADDRESS 4940 Eastern Ave.	
23C. DATE SIGNED II-30-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 12/1/51	
24C. NAME OF CEMETERY OR CREMATORY St Matthew	
24D. LOCATION (City, town, or county) (State) Shadyside Md	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951	
REGISTRAR'S SIGNATURE J.B. Johnson	
25. FUNERAL DIRECTOR ADDRESS J.B. Johnson Annapolis	

MEDICAL CERTIFICATION



600

10367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10367

1. NAME OF DECEASED (Type or Print) Daniel Moore			2. DATE OF DEATH November 29, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY 6-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 20 W. Bond St.		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 8-30-93		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Moore			14. MOTHER'S MAIDEN NAME Henretta Moore		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

MEDICAL CERTIFICATION

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchogenic Carcinoma (A) DUE TO			INTERVAL BETWEEN ONSET AND DEATH Unknown
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-27, 1951 , to 11-29, 1951 , that I last saw the deceased alive on 11-29, 1951 , and that death occurred at 5 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE John Calverly		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
23C. DATE SIGNED 11/30/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/3/1951	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		25. FUNERAL DIRECTOR Clayton W. Hooper, 1000 Reisterstown Ave	

1947

THE STATE OF TEXAS
COUNTY OF DALLAS

1947

I, the undersigned, being a qualified elector of the State of Texas, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County of Dallas, State of Texas.

WITNESSED my hand and seal of office this 1st day of May, 1947.

CLERK OF THE COUNTY OF DALLAS, TEXAS

1947

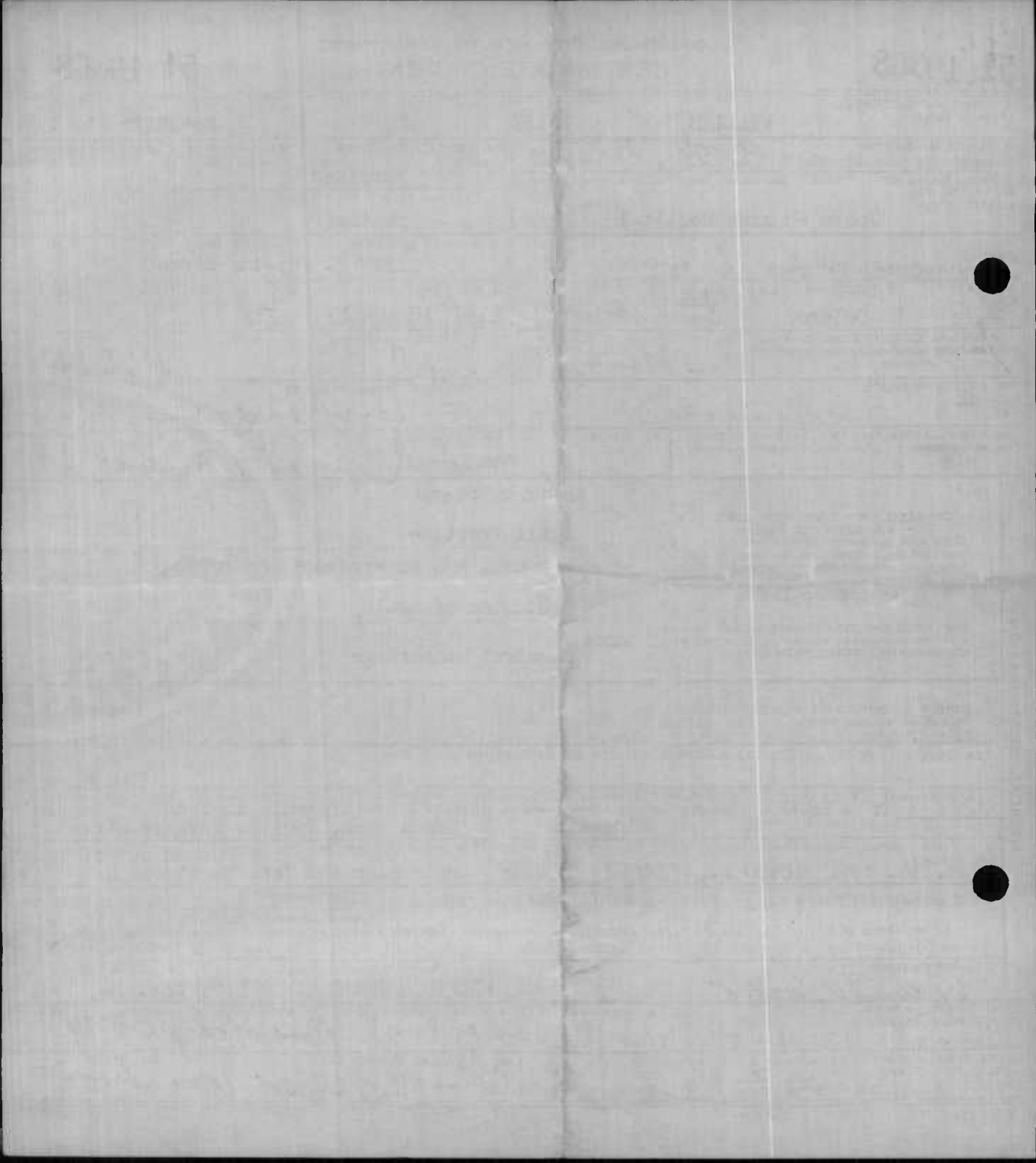
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51 10368
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10368

1. NAME OF DECEASED (Type or Print) WILLIAM RILEY		2. DATE OF DEATH November 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Belts City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore <i>6-25</i>	
Length of stay in Baltimore <i>6 yrs.</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1527 E. Fayette Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept. 19, 1921</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>On Reserve</i>	9. AGE (In years last birthday) <i>30</i>
11. BIRTHPLACE (State or foreign country) <i>S. C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Michael Lewis</i>		ADDRESS <i>112 N. Bond St</i>	

18. <i>E983 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Skull fracture XXXX Subdural and subarachnoid hemorrhage ANTECEDENT CAUSES (B) Contusion of brain XXXX Cerebral hemorrhage (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <i>Nov. 16, 1951</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Sidewalk	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Sidewalk in front of Angelo's Lunch Room, 1501 E. Fayette Street		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Nov. 16, 1951 10:00 P.m.</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pushed out of lunch room door and fell to sidewalk		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state' above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William J. ...</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Nov. 26, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-1-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>mt Calvary Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1951</i>	REGISTRAR'S SIGNATURE <i>William J. ...</i>	FUNERAL DIRECTOR <i>Choy O. Wilson</i>		



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51 10369
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10369

Registered No. _____

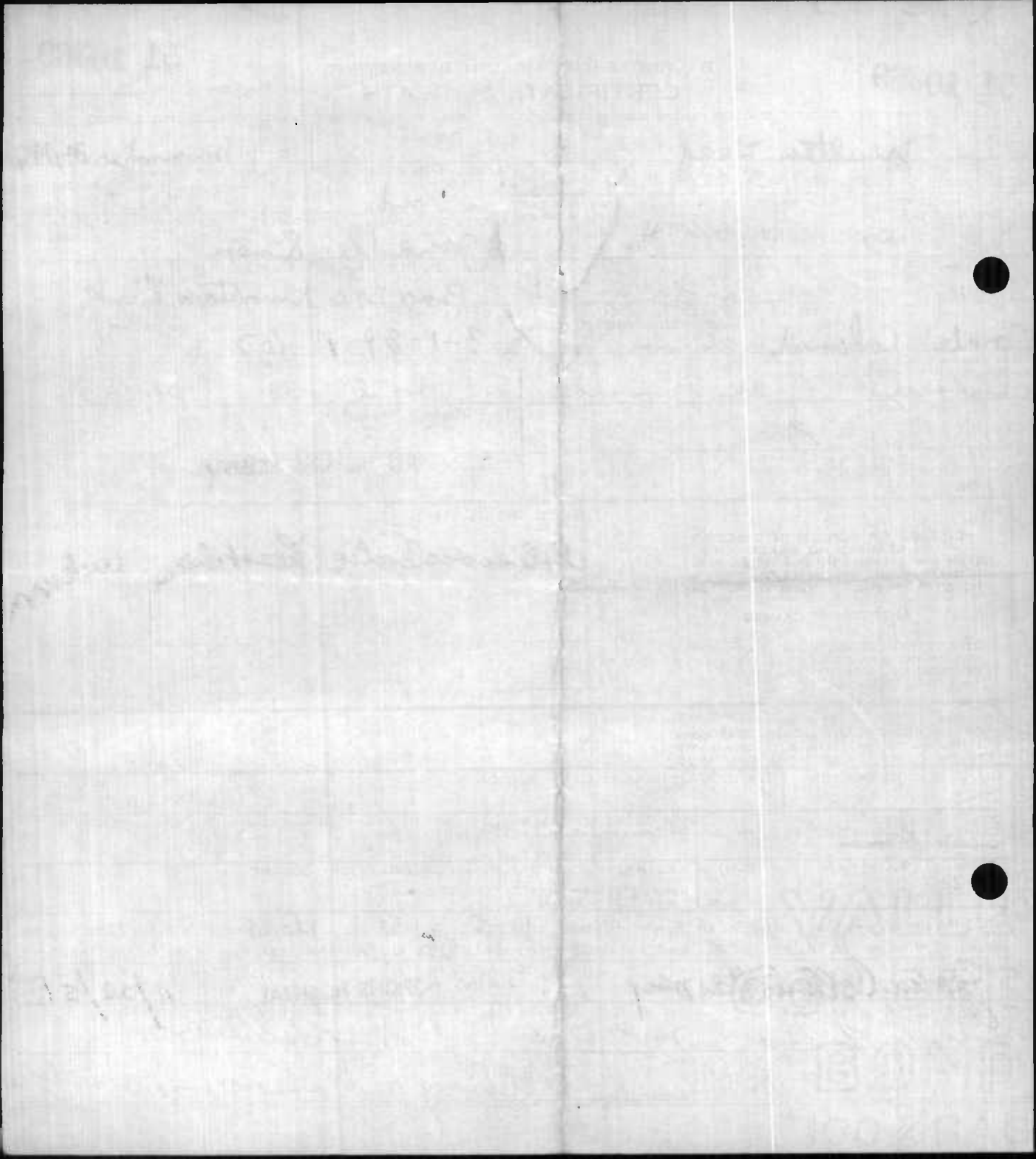
1. NAME OF DECEASED (Type or Print) <i>Walter Lee</i>			2. DATE OF DEATH <i>November 27, 1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Middle River</i> <i>53-00</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>Box 190 Kingston Park</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3-1-84</i>	9. AGE (in years last birthday) <i>67</i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Gen. General</i>		
13. FATHER'S NAME <i>P</i>			14. MOTHER'S MAIDEN NAME <i>P</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO.		
17. INFORMATION			17. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

MEDICAL CERTIFICATION

18. <i>420.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic heart disease</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <i>Arteriosclerotic heart disease</i> INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11-5-1951</i> , to <i>11-24-1951</i> , that I last saw the deceased alive on <i>11-24-1951</i> , and that death occurred at <i>6 P.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John Collins Harvey</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>11/28/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-1-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt Zion Cem.</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Chas. O. Wilson</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>NOV 30 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams</i>		ADDRESS <i>1000 Brantly Ave</i>	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10370
Registered No.

1. NAME OF DECEASED (Type or Print) EDWARD L. BROWN		2. DATE OF DEATH November 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 5722 Newholme Avenue			
5. Length of stay in Baltimore Yrs. Mos. Days			
6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 3, 1910	9. AGE (In years last birthday) 41 If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY National Brewery	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Timothy S. Brown		14. MOTHER'S MAIDEN NAME Nellie R.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 216-03-3646	
17. INFORMANT Mrs. Irma R. Brown		ADDRESS 5722 Newholme Ave.	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crushing injury of head (A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Garage	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1027 South Conkling Street		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 11/29/51 4:00 P.	21E. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by truck		

I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Durlach</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 11/30/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-3-51	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road		

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UNITED STATES DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

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WATER RESOURCES DIVISION

262

1 10371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10371

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charlotte Dickerson.

2. DATE
OF
DEATH

Nov. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

820 W. Fairmont Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-01

D. STREET ADDRESS (If rural, give location)

820 W. Fairmont Ave.

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

June 20, 1902 49

9. AGE (in years last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Benjamin McDonald.

14. MOTHER'S MAIDEN NAME

Mary Smith.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Lawrence Dickerson. 861 W. Fairmont Ave.

18.

170X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days

?

2

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐HOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1951 to Nov 28, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Glassman

M. O.

23B. ADDRESS

753 W. Fayette St

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

December 2, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county)

Glen Arm, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1951

Huntington Williams, Md

Mrs Kate R. Williams Schroeder

VS 150

7208A

050.0

MEDICAL CERTIFICATION

11304 12

REPORT OF DEATH
CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

EDUCATION

OCCUPATION

RELIGION

SEX

AGE

HEIGHT

WEIGHT

HAIR

EYES

SKIN

TEETH

NOSE

EARS

452
1 10372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10372
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ruth Benns Holmes

2. DATE
OF
DEATH

Nov. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2509 Madison Avenue

Length of stay in Baltimore

25 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 6, 1910

9. AGE (in years
last birthday)

41

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathaniel Benns

14. MOTHER'S MAIDEN NAME

Eliza Davenport

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Far Advanced Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 11-12 1951, to 11-28 1951, that I last saw the deceased alive on 11-28 1951, and that death occurred at 1:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

A. S. Egoen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

11-30-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Dec. 2, 1951

Shiloh Baptist Church

Burgess' Store, Virginia.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NOV 30 1951

William Williams, M.D.

John S. Johnson, 1700 David Hill Dr

STUDY 12

THE EFFECT OF THE
STUDY ON THE STUDENT

1971



510
10373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

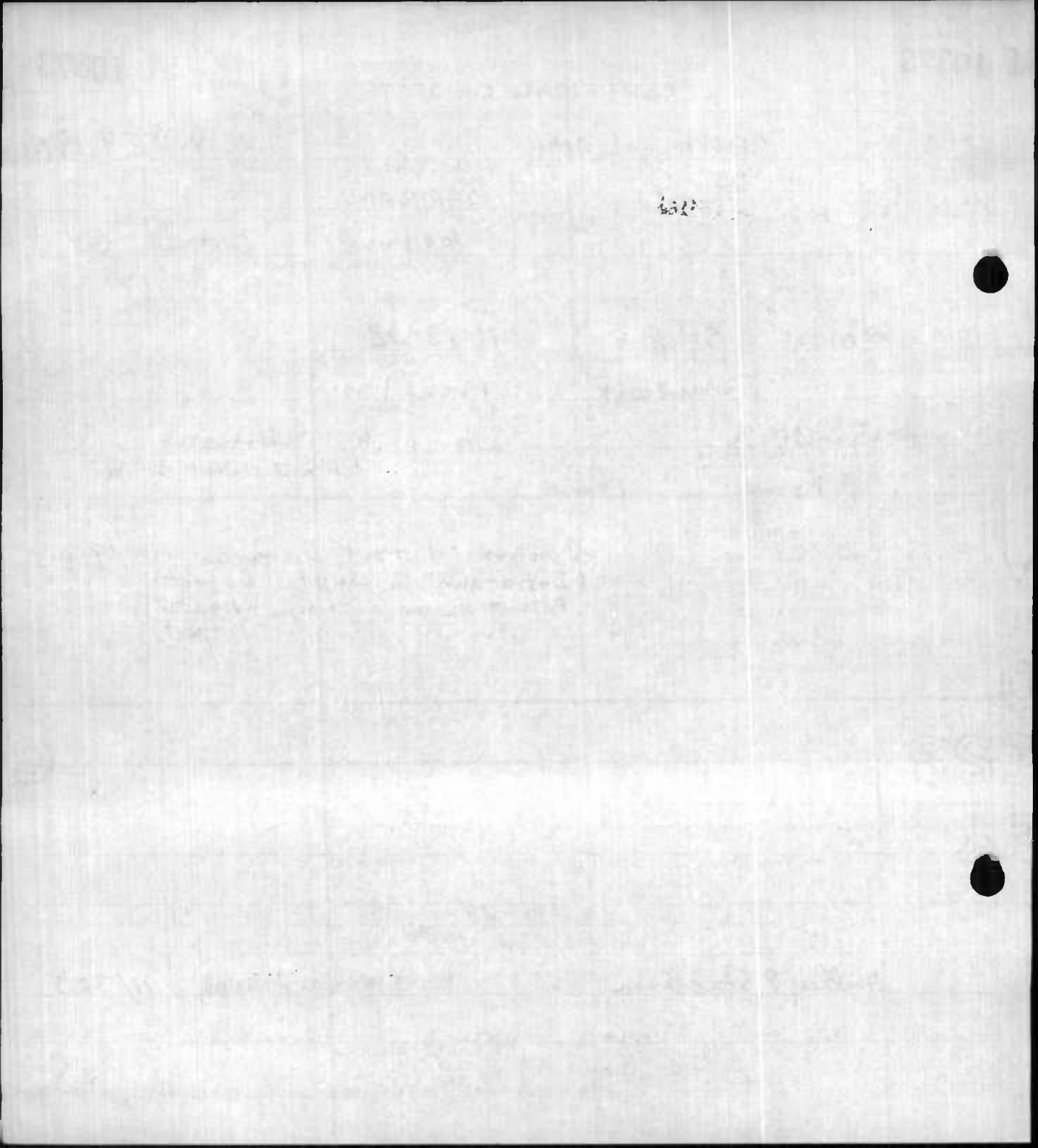
Registered No. 51 10373

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARTHA LAMB		2. DATE OF DEATH NOV 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-3		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY ↑	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WOODBINE "CARROLL Co."	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location)	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 11-13-38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Student	9. AGE (In years last birthday) 18 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME WILLIAM R LAMB		14. MOTHER'S MAIDEN NAME Daisy R. Hatfield	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT JOHNS HOPKINS HOSPITAL			

18. 7541 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital Heart Disease (A) (Intra-auricular Septal Defect Patent Ductus arteriosus - ligated in past) DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 19 yrs	CAUSE OF DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-28-1951 , to 11-29-1951 , that I last saw the deceased alive on 11-29-1951 , and that death occurred at 1040 P. m. , from the causes and on the date stated above.		
23A. SIGNATURE Dudley P. Jackson	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 11/30/51
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 12-3-51	24C. NAME OF CEMETERY OR CREMATORY Poplar Springs
24D. LOCATION (City, town, or county) Howard Co.	25. FUNERAL DIRECTOR C. M. WALTZ, Winfield, Md.	ADDRESS 157 E
DATE RECEIVED BY LOCAL REGISTRAR NOV 30 1951		



P-623

BALTIMORE CITY HEALTH DEPARTMENT

51 10374

BIRTH NO. 51 10374

CERTIFICATE OF DEATH

Registered No. 51-28247

1. NAME OF DECEASED (Type or Print) BABY GIRL PROCTOR		2. DATE OF DEATH Nov. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hosp. of Md.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-03	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4817 Windsor Mill Rd. #7	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 29, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 1
13. FATHER'S NAME EARL PROCTOR		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME JULIA DAVIS	
17. INFORMANT Father - Earl Proctor		ADDRESS same	

CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 254.4	(A) Congestive Heart Failure	INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Congenital Heart Dis.	1 day
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) Prematurity 4'12"	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov. 29, 1951**, to **Nov 30, 1951**, that I last saw the deceased alive on **Nov. 30, 1951**, and that death occurred at **6 a.m.**, from the causes and on the date stated above.

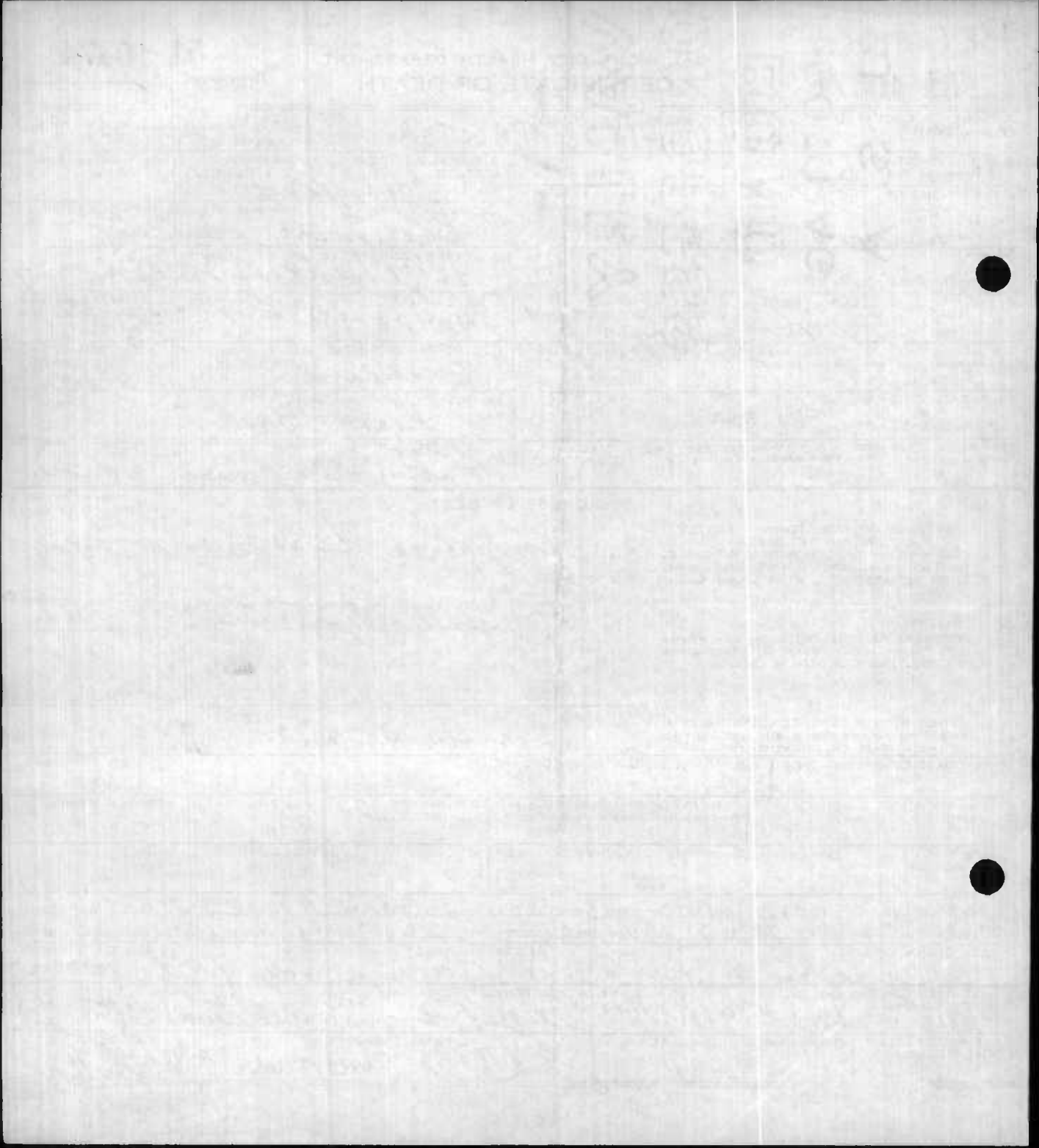
23A. SIGNATURE Miriam S. Daly	23B. ADDRESS Lutheran Hosp. of Md.	23C. DATE SIGNED Nov. 30, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 1st 1951	24C. NAME OF CEMETERY OR CREMATORY St. Charles	24D. LOCATION (city, town, or county) (State) Baltimore Md.
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DATE RECEIVED BY LOCAL REGISTRAR Nov 30 1951	REGISTRAR'S SIGNATURE Wm. Williams	25. FUNERAL DIRECTOR Amoreau	ADDRESS 4510 Liberty Heights Ave
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MEDICAL CERTIFICATION

1572



320
51 10375BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10375

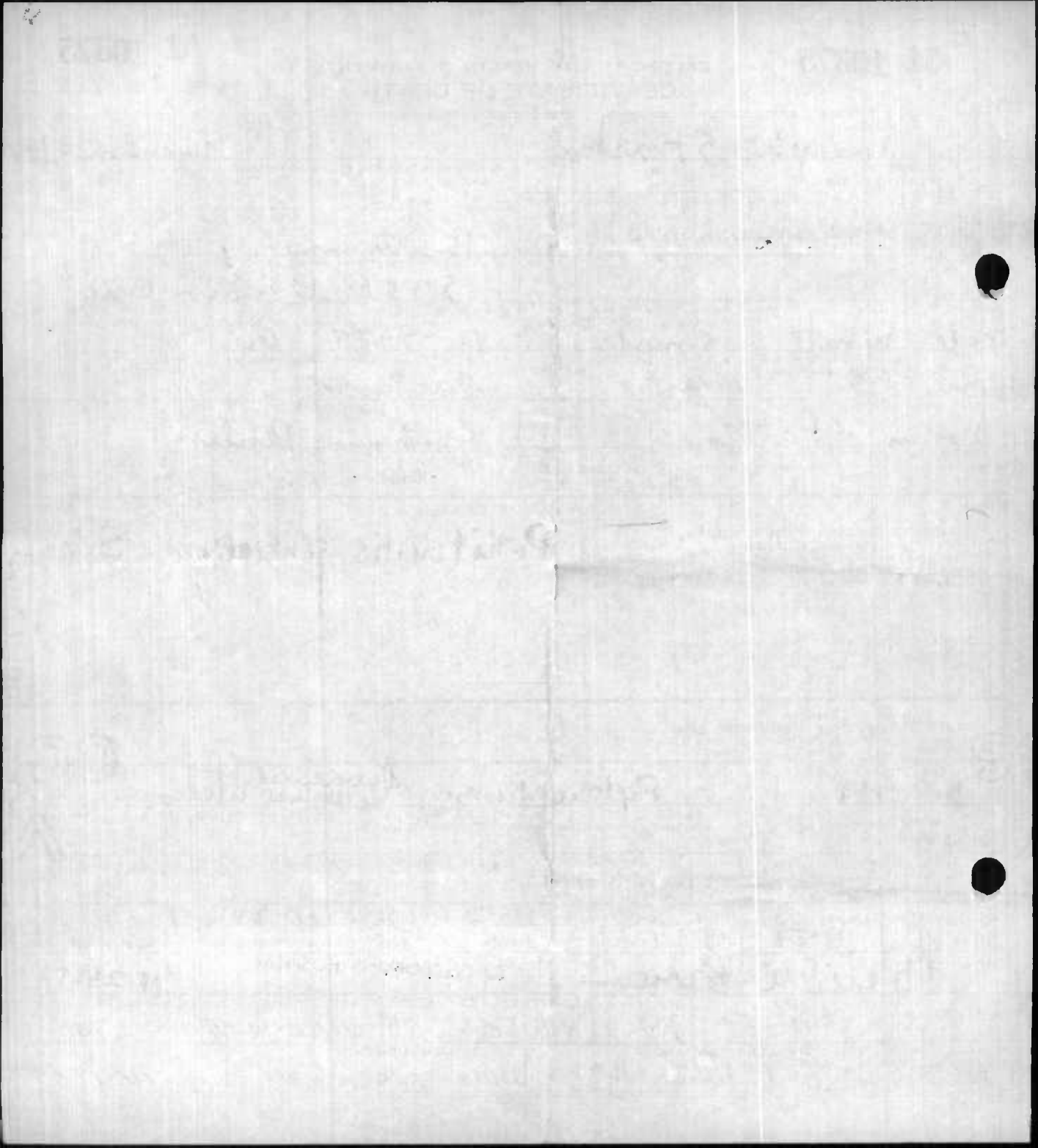
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Joseph Staska		2. DATE OF DEATH November 28, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 535 N. Becker Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 10-5-85
9. AGE (In years last birthday) 66		10. CITIZEN OF WHAT COUNTRY? _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) store keeper		10B. KIND OF BUSINESS OR INDUSTRY Hospital	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME John Staska		14. MOTHER'S MAIDEN NAME Catherine Butler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. ARC-30-1953	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS _____	

18. 541.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Peritonitis, generalized DUE TO _____ (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ DUE TO _____ (D) _____ DUE TO _____ (E) _____ DUE TO _____ (F) _____ DUE TO _____ (G) _____ DUE TO _____ (H) _____ DUE TO _____ (I) _____ DUE TO _____ (J) _____ DUE TO _____ (K) _____ DUE TO _____ (L) _____ DUE TO _____ (M) _____ DUE TO _____ (N) _____ DUE TO _____ (O) _____ DUE TO _____ (P) _____ DUE TO _____ (Q) _____ DUE TO _____ (R) _____ DUE TO _____ (S) _____ DUE TO _____ (T) _____ DUE TO _____ (U) _____ DUE TO _____ (V) _____ DUE TO _____ (W) _____ DUE TO _____ (X) _____ DUE TO _____ (Y) _____ DUE TO _____ (Z) _____ DUE TO _____ (AA) _____ DUE TO _____ (AB) _____ DUE TO _____ (AC) _____ DUE TO _____ (AD) _____ DUE TO _____ (AE) _____ DUE TO _____ (AF) _____ DUE TO _____ (AG) _____ DUE TO _____ (AH) _____ DUE TO _____ (AI) _____ DUE TO _____ (AJ) _____ DUE TO _____ (AK) _____ DUE TO _____ (AL) _____ DUE TO _____ (AM) _____ DUE TO _____ (AN) _____ DUE TO _____ (AO) _____ DUE TO _____ (AP) _____ DUE TO _____ (AQ) _____ DUE TO _____ (AR) _____ DUE TO _____ (AS) _____ DUE TO _____ (AT) _____ DUE TO _____ (AU) _____ DUE TO _____ (AV) _____ DUE TO _____ (AW) _____ DUE TO _____ (AX) _____ DUE TO _____ (AY) _____ DUE TO _____ (AZ) _____ DUE TO _____ (BA) _____ DUE TO _____ (BB) _____ DUE TO _____ (BC) _____ DUE TO _____ (BD) _____ DUE TO _____ (BE) _____ DUE TO _____ (BF) _____ DUE TO _____ (BG) _____ DUE TO _____ (BH) _____ DUE TO _____ (BI) _____ DUE TO _____ (BJ) _____ DUE TO _____ (BK) _____ DUE TO _____ (BL) _____ DUE TO _____ (BM) _____ DUE TO _____ (BN) _____ DUE TO _____ (BO) _____ DUE TO _____ (BP) _____ DUE TO _____ (BQ) _____ DUE TO _____ (BR) _____ DUE TO _____ (BS) _____ DUE TO _____ (BT) _____ DUE TO _____ (BU) _____ DUE TO _____ (BV) _____ DUE TO _____ (BW) _____ DUE TO _____ (BX) _____ DUE TO _____ (BY) _____ DUE TO _____ (BZ) _____ DUE TO _____ (CA) _____ DUE TO _____ (CB) _____ DUE TO _____ (CC) _____ DUE TO _____ (CD) _____ DUE TO _____ (CE) _____ DUE TO _____ (CF) _____ DUE TO _____ (CG) _____ DUE TO _____ (CH) _____ DUE TO _____ (CI) _____ DUE TO _____ (CJ) _____ DUE TO _____ (CK) _____ DUE TO _____ (CL) _____ DUE TO _____ (CM) _____ DUE TO _____ (CN) _____ DUE TO _____ (CO) _____ DUE TO _____ (CP) _____ DUE TO _____ (CQ) _____ DUE TO _____ (CR) _____ DUE TO _____ (CS) _____ DUE TO _____ (CT) _____ DUE TO _____ (CU) _____ DUE TO _____ (CV) _____ DUE TO _____ (CW) _____ DUE TO _____ (CX) _____ DUE TO _____ (CY) _____ DUE TO _____ (CZ) _____ DUE TO _____ (DA) _____ DUE TO _____ (DB) _____ DUE TO _____ (DC) _____ DUE TO _____ (DD) _____ DUE TO _____ (DE) _____ DUE TO _____ (DF) _____ DUE TO _____ (DG) _____ DUE TO _____ (DH) _____ DUE TO _____ (DI) _____ DUE TO _____ (DJ) _____ DUE TO _____ (DK) _____ DUE TO _____ (DL) _____ DUE TO _____ (DM) _____ DUE TO _____ (DN) _____ DUE TO _____ (DO) _____ DUE TO _____ (DP) _____ DUE TO _____ (DQ) _____ DUE TO _____ (DR) _____ DUE TO _____ (DS) _____ DUE TO _____ (DT) _____ DUE TO _____ (DU) _____ DUE TO _____ (DV) _____ DUE TO _____ (DW) _____ DUE TO _____ (DX) _____ DUE TO _____ (DY) _____ DUE TO _____ (DZ) _____ DUE TO _____ (EA) _____ DUE TO _____ (EB) _____ DUE TO _____ (EC) _____ DUE TO _____ (ED) _____ DUE TO _____ (EE) _____ DUE TO _____ (EF) _____ DUE TO _____ (EG) _____ DUE TO _____ (EH) _____ DUE TO _____ (EI) _____ DUE TO _____ (EJ) _____ DUE TO _____ (EK) _____ DUE TO _____ (EL) _____ DUE TO _____ (EM) _____ DUE TO _____ (EN) _____ DUE TO _____ (EO) _____ DUE TO _____ (EP) _____ DUE TO _____ (EQ) _____ DUE TO _____ (ER) _____ DUE TO _____ (ES) _____ DUE TO _____ (ET) _____ DUE TO _____ (EU) _____ DUE TO _____ (EV) _____ DUE TO _____ (EW) _____ DUE TO _____ (EX) _____ DUE TO _____ (EY) _____ DUE TO _____ (EZ) _____ DUE TO _____ (FA) _____ DUE TO _____ (FB) _____ DUE TO _____ (FC) _____ DUE TO _____ (FD) _____ DUE TO _____ (FE) _____ DUE TO _____ (FF) _____ DUE TO _____ (FG) _____ DUE TO _____ (FH) _____ DUE TO _____ (FI) _____ DUE TO _____ (FJ) _____ DUE TO _____ (FK) _____ DUE TO _____ (FL) _____ DUE TO _____ (FM) _____ DUE TO _____ (FN) _____ DUE TO _____ (FO) _____ DUE TO _____ (FP) _____ DUE TO _____ (FQ) _____ DUE TO _____ (FR) _____ DUE TO _____ (FS) _____ DUE TO _____ (FT) _____ DUE TO _____ (FU) _____ DUE TO _____ (FV) _____ DUE TO _____ (FW) _____ DUE TO _____ (FX) _____ DUE TO _____ (FY) _____ DUE TO _____ (FZ) _____ DUE TO _____ (GA) _____ DUE TO _____ (GB) _____ DUE TO _____ (GC) _____ DUE TO _____ (GD) _____ DUE TO _____ (GE) _____ DUE TO _____ (GF) _____ DUE TO _____ (GG) _____ DUE TO _____ (GH) _____ DUE TO _____ (GI) _____ DUE TO _____ (GJ) _____ DUE TO _____ (GK) _____ DUE TO _____ (GL) _____ DUE TO _____ (GM) _____ DUE TO _____ (GN) _____ DUE TO _____ (GO) _____ DUE TO _____ (GP) _____ DUE TO _____ (GQ) _____ DUE TO _____ (GR) _____ DUE TO _____ (GS) _____ DUE TO _____ (GT) _____ DUE TO _____ (GU) _____ DUE TO _____ (GV) _____ DUE TO _____ (GW) _____ DUE TO _____ (GX) _____ DUE TO _____ (GY) _____ DUE TO _____ (GZ) _____ DUE TO _____ (HA) _____ DUE TO _____ (HB) _____ DUE TO _____ (HC) _____ DUE TO _____ (HD) _____ DUE TO _____ (HE) _____ DUE TO _____ (HF) _____ DUE TO _____ (HG) _____ DUE TO _____ (HH) _____ DUE TO _____ (HI) _____ DUE TO _____ (HJ) _____ DUE TO _____ (HK) _____ DUE TO _____ (HL) _____ DUE TO _____ (HM) _____ DUE TO _____ (HN) _____ DUE TO _____ (HO) _____ DUE TO _____ (HP) _____ DUE TO _____ (HQ) _____ DUE TO _____ (HR) _____ DUE TO _____ (HS) _____ DUE TO _____ (HT) _____ DUE TO _____ (HU) _____ DUE TO _____ (HV) _____ DUE TO _____ (HW) _____ DUE TO _____ (HX) _____ DUE TO _____ (HY) _____ DUE TO _____ (HZ) _____ DUE TO _____ (IA) _____ DUE TO _____ (IB) _____ DUE TO _____ (IC) _____ DUE TO _____ (ID) _____ DUE TO _____ (IE) _____ DUE TO _____ (IF) _____ DUE TO _____ (IG) _____ DUE TO _____ (IH) _____ DUE TO _____ (II) _____ DUE TO _____ (IJ) _____ DUE TO _____ (IK) _____ DUE TO _____ (IL) _____ DUE TO _____ (IM) _____ DUE TO _____ (IN) _____ DUE TO _____ (IO) _____ DUE TO _____ (IP) _____ DUE TO _____ (IQ) _____ DUE TO _____ (IR) _____ DUE TO _____ (IS) _____ DUE TO _____ (IT) _____ DUE TO _____ (IU) _____ DUE TO _____ (IV) _____ DUE TO _____ (IW) _____ DUE TO _____ (IX) _____ DUE TO _____ (IY) _____ DUE TO _____ (IZ) _____ DUE TO _____ (JA) _____ DUE TO _____ (JB) _____ DUE TO _____ (JC) _____ DUE TO _____ (JD) _____ DUE TO _____ (JE) _____ DUE TO _____ (JF) _____ DUE TO _____ (JG) _____ DUE TO _____ (JH) _____ DUE TO _____ (JI) _____ DUE TO _____ (JJ) _____ DUE TO _____ (JK) _____ DUE TO _____ (JL) _____ DUE TO _____ (JM) _____ DUE TO _____ (JN) _____ DUE TO _____ (JO) _____ DUE TO _____ (JP) _____ DUE TO _____ (JQ) _____ DUE TO _____ (JR) _____ DUE TO _____ (JS) _____ DUE TO _____ (JT) _____ DUE TO _____ (JU) _____ DUE TO _____ (JV) _____ DUE TO _____ (JW) _____ DUE TO _____ (JX) _____ DUE TO _____ (JY) _____ DUE TO _____ (JZ) _____ DUE TO _____ (KA) _____ DUE TO _____ (KB) _____ DUE TO _____ (KC) _____ DUE TO _____ (KD) _____ DUE TO _____ (KE) _____ DUE TO _____ (KF) _____ DUE TO _____ (KG) _____ DUE TO _____ (KH) _____ DUE TO _____ (KI) _____ DUE TO _____ (KJ) _____ DUE TO _____ (KK) _____ DUE TO _____ (KL) _____ DUE TO _____ (KM) _____ DUE TO _____ (KN) _____ DUE TO _____ (KO) _____ DUE TO _____ (KP) _____ DUE TO _____ (KQ) _____ DUE TO _____ (KR) _____ DUE TO _____ (KS) _____ DUE TO _____ (KT) _____ DUE TO _____ (KU) _____ DUE TO _____ (KV) _____ DUE TO _____ (KW) _____ DUE TO _____ (KX) _____ DUE TO _____ (KY) _____ DUE TO _____ (KZ) _____ DUE TO _____ (LA) _____ DUE TO _____ (LB) _____ DUE TO _____ (LC) _____ DUE TO _____ (LD) _____ DUE TO _____ (LE) _____ DUE TO _____ (LF) _____ DUE TO _____ (LG) _____ DUE TO _____ (LH) _____ DUE TO _____ (LI) _____ DUE TO _____ (LJ) _____ DUE TO _____ (LK) _____ DUE TO _____ (LL) _____ DUE TO _____ (LM) _____ DUE TO _____ (LN) _____ DUE TO _____ (LO) _____ DUE TO _____ (LP) _____ DUE TO _____ (LQ) _____ DUE TO _____ (LR) _____ DUE TO _____ (LS) _____ DUE TO _____ (LT) _____ DUE TO _____ (LU) _____ DUE TO _____ (LV) _____ DUE TO _____ (LW) _____ DUE TO _____ (LX) _____ DUE TO _____ (LY) _____ DUE TO _____ (LZ) _____ DUE TO _____ (MA) _____ DUE TO _____ (MB) _____ DUE TO _____ (MC) _____ DUE TO _____ (MD) _____ DUE TO _____ (ME) _____ DUE TO _____ (MF) _____ DUE TO _____ (MG) _____ DUE TO _____ (MH) _____ DUE TO _____ (MI) _____ DUE TO _____ (MJ) _____ DUE TO _____ (MK) _____ DUE TO _____ (ML) _____ DUE TO _____ (MN) _____ DUE TO _____ (MO) _____ DUE TO _____ (MP) _____ DUE TO _____ (MQ) _____ DUE TO _____ (MR) _____ DUE TO _____ (MS) _____ DUE TO _____ (MT) _____ DUE TO _____ (MU) _____ DUE TO _____ (MV) _____ DUE TO _____ (MW) _____ DUE TO _____ (MX) _____ DUE TO _____ (MY) _____ DUE TO _____ (MZ) _____ DUE TO _____ (NA) _____ DUE TO _____ (NB) _____ DUE TO _____ (NC) _____ DUE TO _____ (ND) _____ DUE TO _____ (NE) _____ DUE TO _____ (NF) _____ DUE TO _____ (NG) _____ DUE TO _____ (NH) _____ DUE TO _____ (NI) _____ DUE TO _____ (NJ) _____ DUE TO _____ (NK) _____ DUE TO _____ (NL) _____ DUE TO _____ (NM) _____ DUE TO _____ (NN) _____ DUE TO _____ (NO) _____ DUE TO _____ (NP) _____ DUE TO _____ (NQ) _____ DUE TO _____ (NR) _____ DUE TO _____ (NS) _____ DUE TO _____ (NT) _____ DUE TO _____ (NU) _____ DUE TO _____ (NV) _____ DUE TO _____ (NW) _____ DUE TO _____ (NX) _____ DUE TO _____ (NY) _____ DUE TO _____ (NZ) _____ DUE TO _____ (OA) _____ DUE TO _____ (OB) _____ DUE TO _____ (OC) _____ DUE TO _____ (OD) _____ DUE TO _____ (OE) _____ DUE TO _____ (OF) _____ DUE TO _____ (OG) _____ DUE TO _____ (OH) _____ DUE TO _____ (OI) _____ DUE TO _____ (OJ) _____ DUE TO _____ (OK) _____ DUE TO _____ (OL) _____ DUE TO _____ (OM) _____ DUE TO _____ (ON) _____ DUE TO _____ (OO) _____ DUE TO _____ (OP) _____ DUE TO _____ (OQ) _____ DUE TO _____ (OR) _____ DUE TO _____ (OS) _____ DUE TO _____ (OT) _____ DUE TO _____ (OU) _____ DUE TO _____ (OV) _____ DUE TO _____ (OW) _____ DUE TO _____ (OX) _____ DUE TO _____ (OY) _____ DUE TO _____ (OZ) _____ DUE TO _____ (PA) _____ DUE TO _____ (PB) _____ DUE TO _____ (PC) _____ DUE TO _____ (PD) _____ DUE TO _____ (PE) _____ DUE TO _____ (PF) _____ DUE TO _____ (PG) _____ DUE TO _____ (PH) _____ DUE TO _____ (PI) _____ DUE TO _____ (PJ) _____ DUE TO _____ (PK) _____ DUE TO _____ (PL) _____ DUE TO _____ (PM) _____ DUE TO _____ (PN) _____ DUE TO _____ (PO) _____ DUE TO _____ (PP) _____ DUE TO _____ (PQ) _____ DUE TO _____ (PR) _____ DUE TO _____ (PS) _____ DUE TO _____ (PT) _____ DUE TO _____ (PU) _____ DUE TO _____ (PV) _____ DUE TO _____ (PW) _____ DUE TO _____ (PX) _____ DUE TO _____ (PY) _____ DUE TO _____ (PZ) _____ DUE TO _____ (QA) _____ DUE TO _____ (QB) _____ DUE TO _____ (QC) _____ DUE TO _____ (QD) _____ DUE TO _____ (QE) _____ DUE TO _____ (QF) _____ DUE TO _____ (QG) _____ DUE TO _____ (QH) _____ DUE TO _____ (QI) _____ DUE TO _____ (QJ) _____ DUE TO _____ (QK) _____ DUE TO _____ (QL) _____ DUE TO _____ (QM) _____ DUE TO _____ (QN) _____ DUE TO _____ (QO) _____ DUE TO _____ (QP) _____ DUE TO _____ (QQ) _____ DUE TO _____ (QR) _____ DUE TO _____ (QS) _____ DUE TO _____ (QT) _____ DUE TO _____ (QU) _____ DUE TO _____ (QV) _____ DUE TO _____ (QW) _____ DUE TO _____ (QX) _____ DUE TO _____ (QY) _____ DUE TO _____ (QZ) _____ DUE TO _____ (RA) _____ DUE TO _____ (RB) _____ DUE TO _____ (RC) _____ DUE TO _____ (RD) _____ DUE TO _____ (RE) _____ DUE TO _____ (RF) _____ DUE TO _____ (RG) _____ DUE TO _____ (RH) _____ DUE TO _____ (RI) _____ DUE TO _____ (RJ) _____ DUE TO _____ (RK) _____ DUE TO _____ (RL) _____ DUE TO _____ (RM) _____ DUE TO _____ (RN) _____ DUE TO _____ (RO) _____ DUE TO _____ (RP) _____ DUE TO _____ (RQ) _____ DUE TO _____ (RR) _____ DUE TO _____ (RS) _____ DUE TO _____ (RT) _____ DUE TO _____ (RU) _____ DUE TO _____ (RV) _____ DUE TO _____ (RW) _____ DUE TO _____ (RX) _____ DUE TO _____ (RY) _____ DUE TO _____ (RZ) _____ DUE TO _____ (SA) _____ DUE TO _____ (SB) _____ DUE TO _____ (SC) _____ DUE TO _____ (SD) _____ DUE TO _____ (SE) _____ DUE TO _____ (SF) _____ DUE TO _____ (SG) _____ DUE TO _____ (SH) _____ DUE TO _____ (SI) _____ DUE TO _____ (SJ) _____ DUE TO _____ (SK) _____ DUE TO _____ (SL) _____ DUE TO _____ (SM) _____ DUE TO _____ (SN) _____ DUE TO _____ (SO) _____ DUE TO _____ (SP) _____ DUE TO _____ (SQ) _____ DUE TO _____ (SR) _____ DUE TO _____ (SS) _____ DUE TO _____ (ST) _____ DUE TO _____ (SU) _____ DUE TO _____ (SV) _____ DUE TO _____ (SW) _____ DUE TO _____ (SX) _____ DUE TO _____ (SY) _____ DUE TO _____ (SZ) _____ DUE TO _____ (TA) _____ DUE TO _____ (TB) _____ DUE TO _____ (TC) _____ DUE TO _____ (TD) _____ DUE TO _____ (TE) _____ DUE TO _____ (TF) _____ DUE TO _____ (TG) _____ DUE TO _____ (TH) _____ DUE TO _____ (TI) _____ DUE TO _____ (TJ) _____ DUE TO _____ (TK) _____ DUE TO _____ (TL) _____ DUE TO _____ (TM) _____ DUE TO _____ (TN) _____ DUE TO _____ (TO) _____ DUE TO _____ (TP) _____ DUE TO _____ (TQ) _____ DUE TO _____ (TR) _____ DUE TO _____ (TS) _____ DUE TO _____ (TT) _____ DUE TO _____ (TU) _____ DUE TO _____ (TV) _____ DUE TO _____ (TW) _____ DUE TO _____ (TX) _____ DUE TO _____ (TY) _____ DUE TO _____ (TZ) _____ DUE TO _____ (UA) _____ DUE TO _____ (UB) _____ DUE TO _____ (UC) _____ DUE TO _____ (UD) _____ DUE TO _____ (UE) _____ DUE TO _____ (UF) _____ DUE TO _____ (UG) _____ DUE TO _____ (UH) _____ DUE TO _____ (UI) _____ DUE TO _____ (UJ) _____ DUE TO _____ (UK) _____ DUE TO _____ (UL) _____ DUE TO _____ (UM) _____ DUE TO _____ (UN) _____ DUE TO _____ (UO) _____ DUE TO _____ (UP) _____ DUE TO _____ (UQ) _____ DUE TO _____ (UR) _____ DUE TO _____ (US) _____ DUE TO _____ (UT) _____ DUE TO _____ (UU) _____ DUE TO _____ (UV) _____ DUE TO _____ (UW) _____ DUE TO _____ (UX) _____ DUE TO _____ (UY) _____ DUE TO _____ (UZ) _____ DUE TO _____ (VA) _____ DUE TO _____ (VB) _____ DUE TO _____ (VC) _____ DUE TO _____ (VD) _____ DUE TO _____ (VE) _____ DUE TO _____ (VF) _____ DUE TO _____ (VG) _____ DUE TO _____ (VH) _____ DUE TO _____ (VI) _____ DUE TO _____ (VJ) _____ DUE TO _____ (VK) _____ DUE TO _____ (VL) _____ DUE TO _____ (VM) _____ DUE TO _____ (VN) _____ DUE TO _____ (VO) _____ DUE TO _____ (VP) _____ DUE TO _____ (VQ) _____ DUE TO _____ (VR) _____ DUE TO _____ (VS) _____ DUE TO _____ (VT) _____ DUE TO _____ (VU) _____ DUE TO _____ (VV) _____ DUE TO _____ (VW) _____ DUE TO _____ (VX) _____ DUE TO _____ (VY) _____ DUE TO _____ (VZ) _____ DUE TO _____ (WA) _____ DUE TO _____ (WB) _____ DUE TO _____ (WC) _____ DUE TO _____ (WD) _____ DUE TO _____ (WE) _____ DUE TO _____ (WF) _____ DUE TO _____ (WG) _____ DUE TO _____ (WH) _____ DUE TO _____ (WI) _____ DUE TO _____ (WJ) _____ DUE TO _____ (WK) _____ DUE TO _____ (WL) _____ DUE TO _____ (WM) _____ DUE TO _____ (WN) _____ DUE TO _____ (WO) _____ DUE TO _____ (WP) _____ DUE TO _____ (WQ) _____ DUE TO _____ (WR) _____ DUE TO _____ (WS) _____ DUE TO _____ (WT) _____ DUE TO _____ (WU) _____ DUE TO _____ (WV) _____ DUE TO _____ (WW) _____ DUE TO _____ (WX) _____ DUE TO _____ (WY) _____ DUE TO _____ (WZ) _____ DUE TO _____ (XA) _____ DUE TO _____ (XB) _____ DUE TO _____ (XC) _____ DUE TO _____ (XD) _____ DUE TO _____ (XE) _____ DUE TO _____ (XF) _____ DUE TO _____ (XG) _____ DUE TO _____ (XH) _____ DUE TO _____ (XI) _____ DUE TO _____ (XJ) _____ DUE TO _____ (XK) _____ DUE TO _____ (XL) _____ DUE TO _____ (XM) _____ DUE TO _____ (XN) _____ DUE TO _____ (XO) _____ DUE TO _____ (XP) _____ DUE TO _____ (XQ) _____ DUE TO _____ (XR) _____ DUE TO _____ (XS) _____ DUE TO _____ (XT) _____ DUE TO _____ (XU) _____ DUE TO _____ (XV) _____ DUE TO _____ (XW) _____ DUE TO _____ (XX) _____ DUE TO _____ (XY) _____ DUE TO _____ (XZ) _____ DUE TO _____ (YA) _____ DUE TO _____ (YB) _____ DUE TO _____ (YC) _____ DUE TO _____ (YD) _____ DUE TO _____ (YE) _____ DUE TO _____ (YF) _____ DUE TO _____ (YG) _____ DUE TO _____ (YH) _____ DUE TO _____ (YI) _____ DUE TO _____ (YJ) _____ DUE TO _____ (YK) _____ DUE TO _____ (YL) _____ DUE TO _____ (YM) _____ DUE TO _____ (YN) _____ DUE TO _____ (YO) _____ DUE TO _____ (YP) _____ DUE TO _____ (YQ) _____ DUE TO _____ (YR) _____ DUE TO _____ (YS) _____ DUE TO _____ (YT) _____ DUE TO _____ (YU) _____ DUE TO _____ (YV) _____ DUE TO _____ (YW) _____ DUE TO _____ (YX) _____ DUE TO _____ (YY) _____ DUE TO _____ (YZ) _____ DUE TO _____ (ZA) _____ DUE TO _____ (ZB) _____ DUE TO _____ (ZC) _____ DUE TO _____ (ZD) _____ DUE TO _____ (ZE) _____ DUE TO _____ (ZF) _____ DUE TO _____ (ZG) _____ DUE TO _____ (ZH) _____ DUE TO _____ (ZI) _____ DUE TO _____ (ZJ) _____ DUE TO _____ (ZK) _____ DUE TO _____ (ZL) _____ DUE TO _____ (ZM) _____ DUE TO _____ (ZN) _____ DUE TO _____ (ZO) _____ DUE TO _____ (ZP) _____ DUE TO _____ (ZQ) _____ DUE TO _____ (ZR) _____ DUE TO _____ (ZS) _____ DUE TO _____ (ZT) _____ DUE TO _____ (ZU) _____ DUE TO _____ (ZV) _____ DUE TO _____ (ZW) _____ DUE TO _____ (ZX) _____ DUE TO _____ (ZY) _____ DUE TO _____ (ZZ) _____	19. DATE OF OPERATION 11.23.51	19B. MAJOR FINDINGS OF OPERATION Pyloric stenosis, duodenal ulcer, marginal ulcer	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	21D. HOW DID INJURY OCCUR? _____
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____		

22. I hereby certify that I attended the deceased from **11-20**, 1951, to **11-28**, 1951, that I last saw the deceased alive on **11-28**, 1951, and that death occurred at **10:00 P.M.**, from the causes and on the date stated above.23A. SIGNATURE **Meril W. Brown** M. D. 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **11-29-51**24A. BURIAL, CREMATION, REMOVAL (Specify) **12-1-51** 24B. DATE **12-1-51** 24C. NAME OF CEMETERY OR CREMATORY **HOLY REDEEMER** 24D. LOCATION (City, town, or county) **BALTIMORE MD**DATE RECEIVED BY LOCAL REGISTRAR **NOV 30 1951** REGISTRAR'S SIGNATURE **Frank C. Williams, M.D.** 25. FUNERAL DIRECTOR **FRANK C. VACH, SON 900 N. CHESTER ST** ADDRESS _____



R-152

51 10376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10376

BIRTH NO.

1. NAME OF DECEASED (Type or Print) THOMAS CLIFFORD ROBINSON		2. DATE OF DEATH Nov. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE N.C. B. COUNTY V-30	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) US Public Health Service Hospital Wyman Pk. Drive & 31st Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Morehead City	
C. Length of stay in Baltimore 41 days		D. STREET ADDRESS (If rural, give location) 1005 Fisher Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/26/92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Master		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William T. Robinson		14. MOTHER'S MAIDEN NAME Brittie Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS HOSPITAL, BALTO, MD.		ADDRESS	

18. 162x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of left lung with axillary and cervical metastases		INTERVAL BETWEEN ONSET AND DEATH Unknown
DUE TO (A) CAUSE OF DEATH		
DUE TO (B) ANTECEDENT CAUSES		
DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **Oct. 20**, 19 **51** to **Nov. 30**, 19 **51** that I last saw the deceased alive on **Nov. 30**, 19 **51**, and that death occurred at **6:20 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE **John L. Wilson**
John L. Wilson, Medical Director M. O.

23B. ADDRESS **US PHS HOSPITAL, BALTO, MD.**

23C. DATE SIGNED **11/30/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24B. DATE **11/30/51**

24C. NAME OF CEMETERY OR CREMATORY **Bay View Cem.**

24D. LOCATION (City, town, or county) (State) **Morehead City. N. C.**

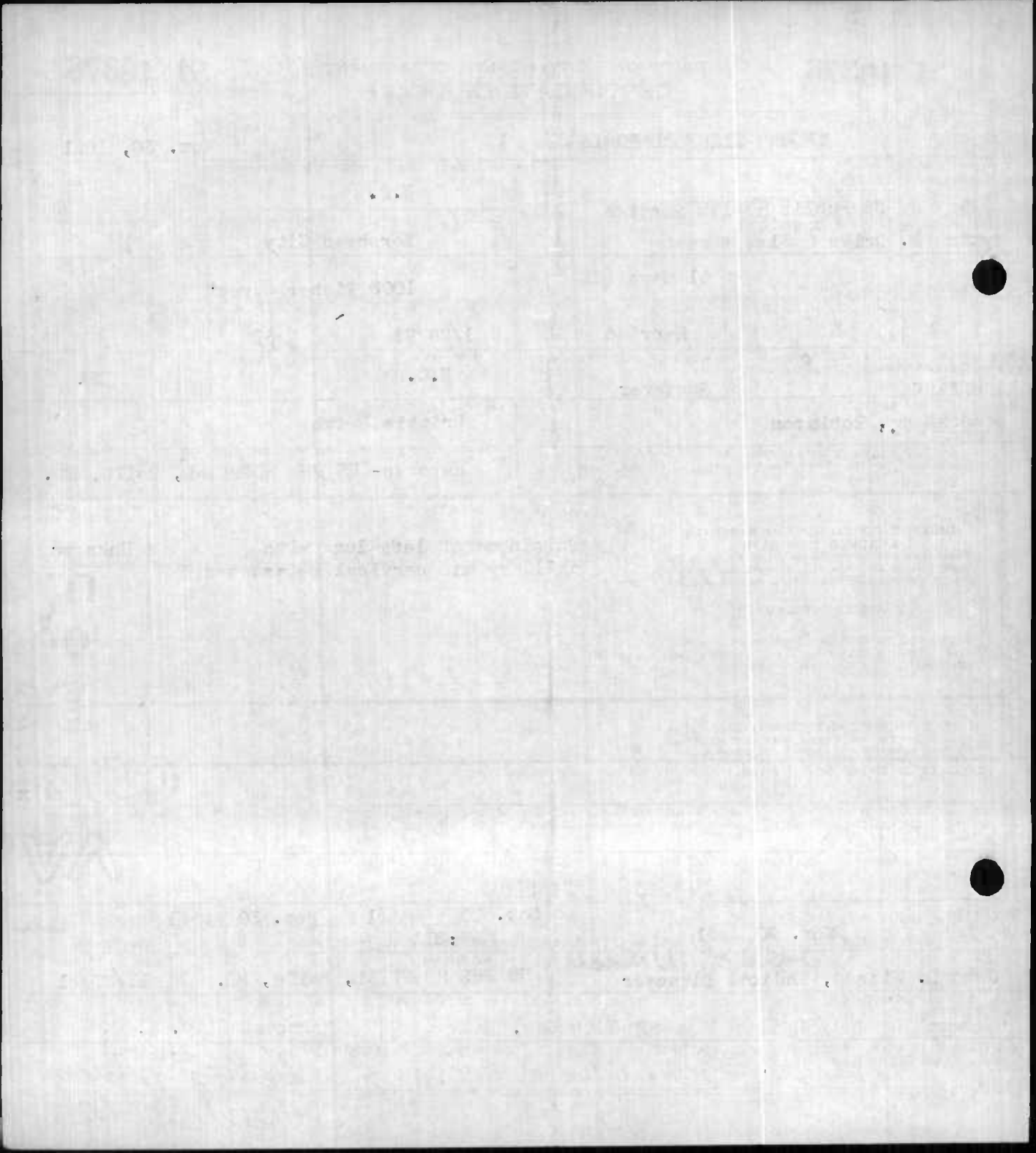
DATE RECEIVED BY LOCAL REGISTRAR **Nov 30 1951**

REGISTRAR'S SIGNATURE **William T. Robinson**

25. FUNERAL DIRECTOR **Wm. J. Dickerson & Sons**

ADDRESS **Balto 17, Md.**

24055 047d



B-620
51 10377

51 10377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) LOYD WALLACE BURROUGHS		2. DATE OF DEATH Nov. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Arkansas B. COUNTY Hot Springs	
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hot Springs	
5. SEX M		6. COLOR OR RACE W	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 1/9/29	
9. AGE (In years last birthday) 22		10. Under 1 Year Months: Days: Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deckhand		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	
11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME D.M. Burroughs		14. MOTHER'S MAIDEN NAME Pearl ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?	
17. INFORMANT Records- US PHS HOSPITAL, Baltimore, Md.		ADDRESS	

18. 292.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hemorrhage, intracerebral DUE TO Aplastic anemia DUE TO Hepatitis		INTERVAL BETWEEN ONSET AND DEATH Recent 2 yrs. About 1 wk.
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

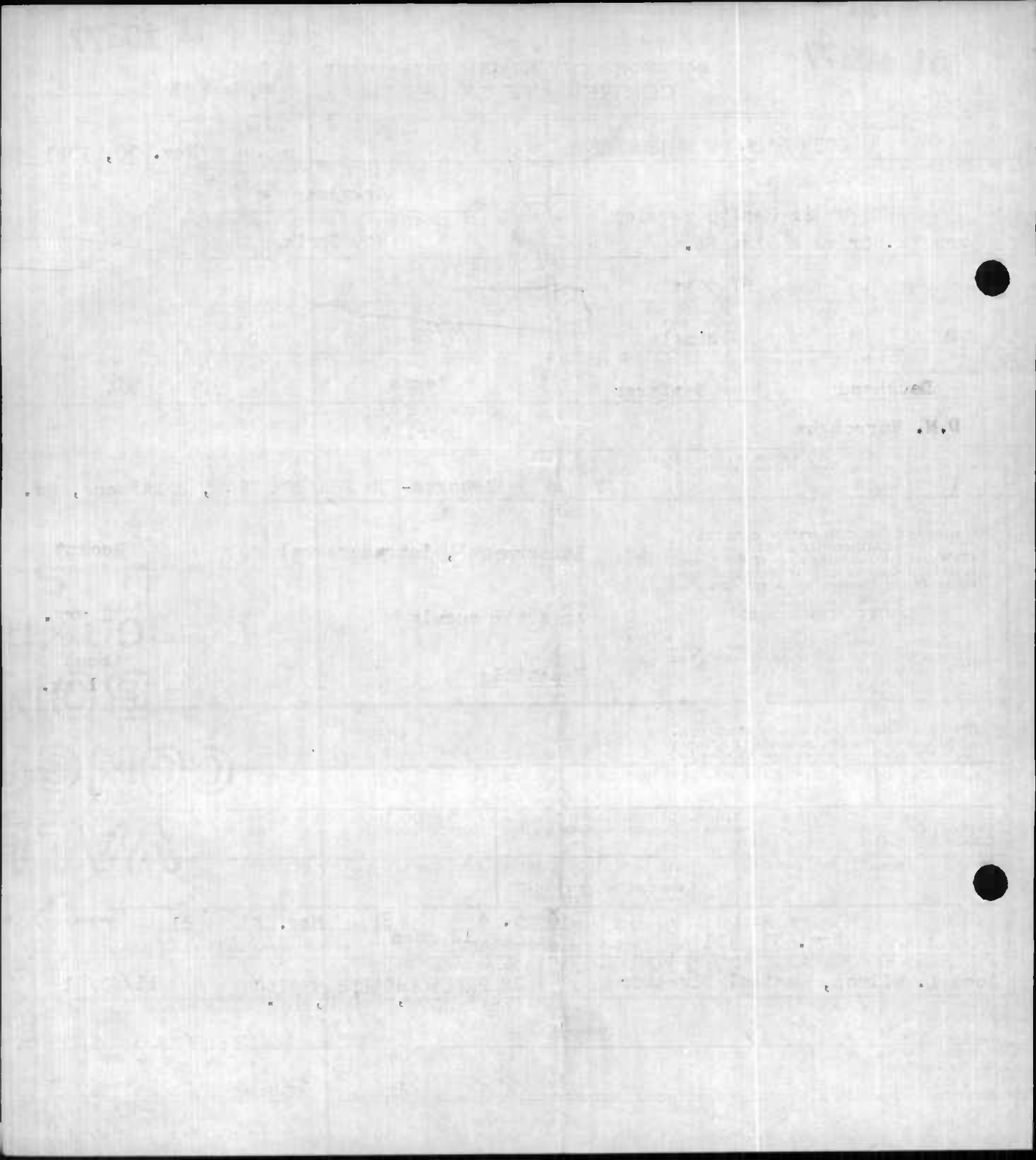
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept. 4, 1951** to **Nov. 30, 1951**, that I last saw the deceased alive on **Nov. 30, 1951**, and that death occurred at **12 noon**, from the causes and on the date stated above.

23A. SIGNATURE **John L. Wilson, Medical Director** M. D. 23B. ADDRESS **US PUBLIC HEALTH SERVICE** 23C. DATE SIGNED **11/30/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24B. DATE **11/30/51** 24C. NAME OF CEMETERY OR CREMATORY **Hot Springs, Arkansas** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **NOV 30 1951** REGISTRAR'S SIGNATURE **Wm J. Glickner & Sons** 25. FUNERAL DIRECTOR ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10378
Registered No. 51 10378

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Horace Eglinton Hough</u>			2. DATE OF DEATH <u>Nov. 30, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
Length of stay in Baltimore <u>27yr.</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>4 Park Avenue Drive</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 18 1890</u>		9. AGE (In years last birthday) <u>61</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fire-Underwriter</u>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Trenton, New Jersey</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Horace G. Hough</u>			14. MOTHER'S MAIDEN NAME <u>Emma V. Murphy</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Anne T. Hough 4 Park Drive Larchmont</u>		

18. <u>199.8</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Carcinomatosis</u> DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Primary site undetermined</u> DUE TO (B) _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>11/27/51</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11/27/, 1951, to 11/30/, 1951, that I last saw the deceased alive on 11/30/, 1951, and that death occurred at 1:40 AM, from the causes and on the date stated above.

23A. SIGNATURE <u>E. P. Coffey Jr.</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>	23C. DATE SIGNED <u>11/30/51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Dec 4 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Ewing Pres. Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Trenton N.J.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 1 - 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. Williams</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Harry M. ...</u>
		ADDRESS <u>204 Ridgewood Ave</u>	

87091-28

AMC 1

DA B-1

MOORE

BOARD

UNIVERSITY

AMTBA

no answer to query 3/11/52

362
51 10379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10379

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Irene B. Strickler</i>		2. DATE OF DEATH <i>29 Nov. 51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Boweto</i>	
6. LENGTH OF STAY IN BALTIMORE <i>46 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>2326 Longwood Street</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>9/29/03</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Insurance</i>	9. AGE (In years last birthday) <i>48</i>
13. FATHER'S NAME <i>John H. Parrish</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Mattie M. Davis</i>	
17. INFORMANT <i>Mr. John E. Strickler</i>		ADDRESS <i>2326 Longwood St.</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>581.0 I</i>	CAUSE OF DEATH (A) <i>Hepatic cirrhosis, etiology</i> DUE TO <i>undetermined.</i> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2+ months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

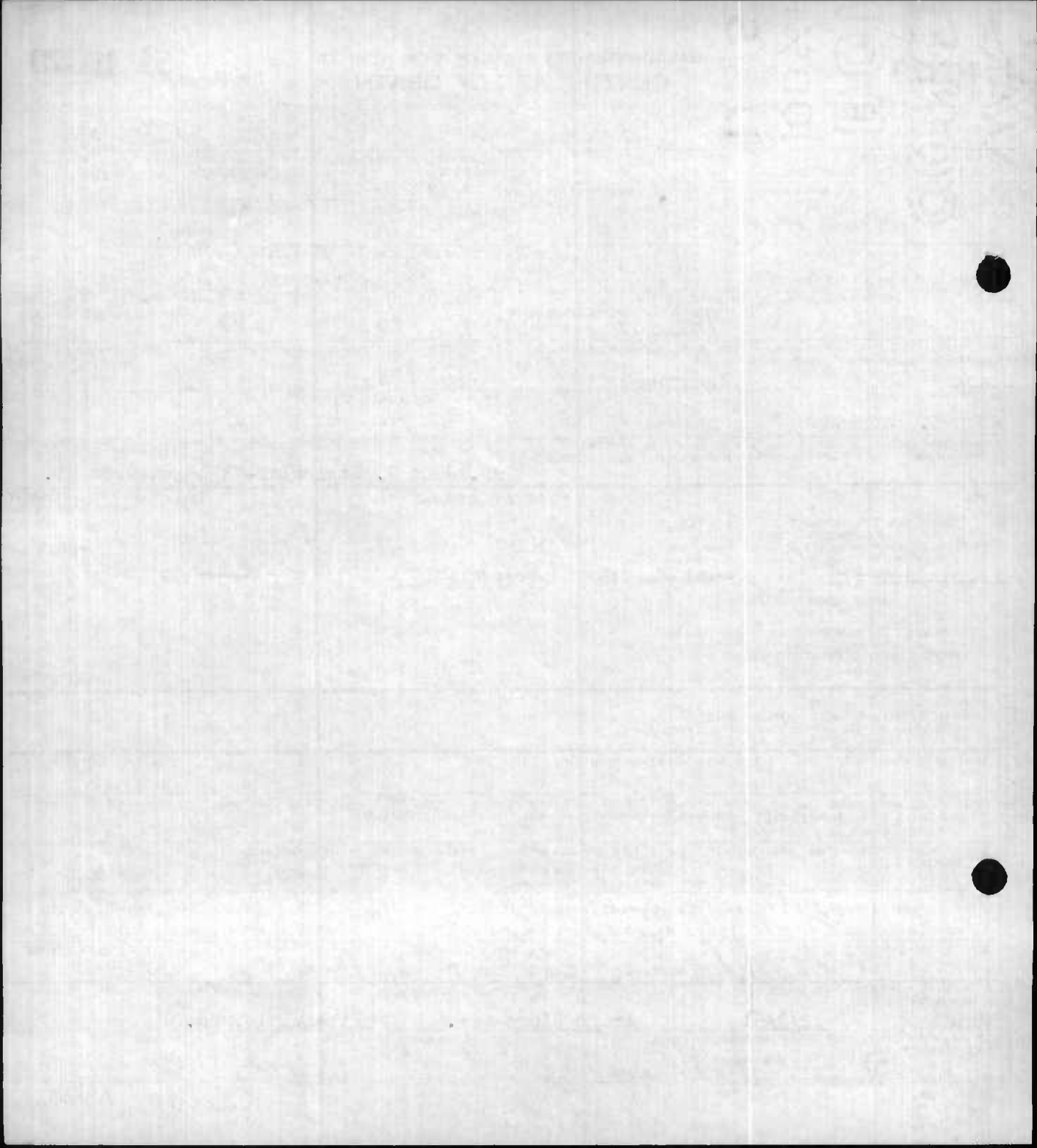
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <i>2</i>	19B. MAJOR FINDINGS OF OPERATION
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. HOW DID INJURY OCCUR?
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY	21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>

22. I hereby certify that I attended the deceased from *1 Nov*, 1951, to *28 Nov*, 1951, that I last saw the deceased alive on *28 Nov*, 1951, and that death occurred at *5:10 Pm.*, from the causes and on the date stated above.

23A. SIGNATURE <i>L. Dale Simmons</i>	23B. ADDRESS <i>Mercy Hospital</i>	23C. DATE SIGNED <i>29 Nov 51</i>
--	---------------------------------------	--------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/3/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Pikesville, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 1 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Vickrey</i>	25. FUNERAL DIRECTOR <i>Wm. J. Vickrey & Sons</i>	

MEDICAL CERTIFICATION



550
1 10380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10380

Registered No. _____

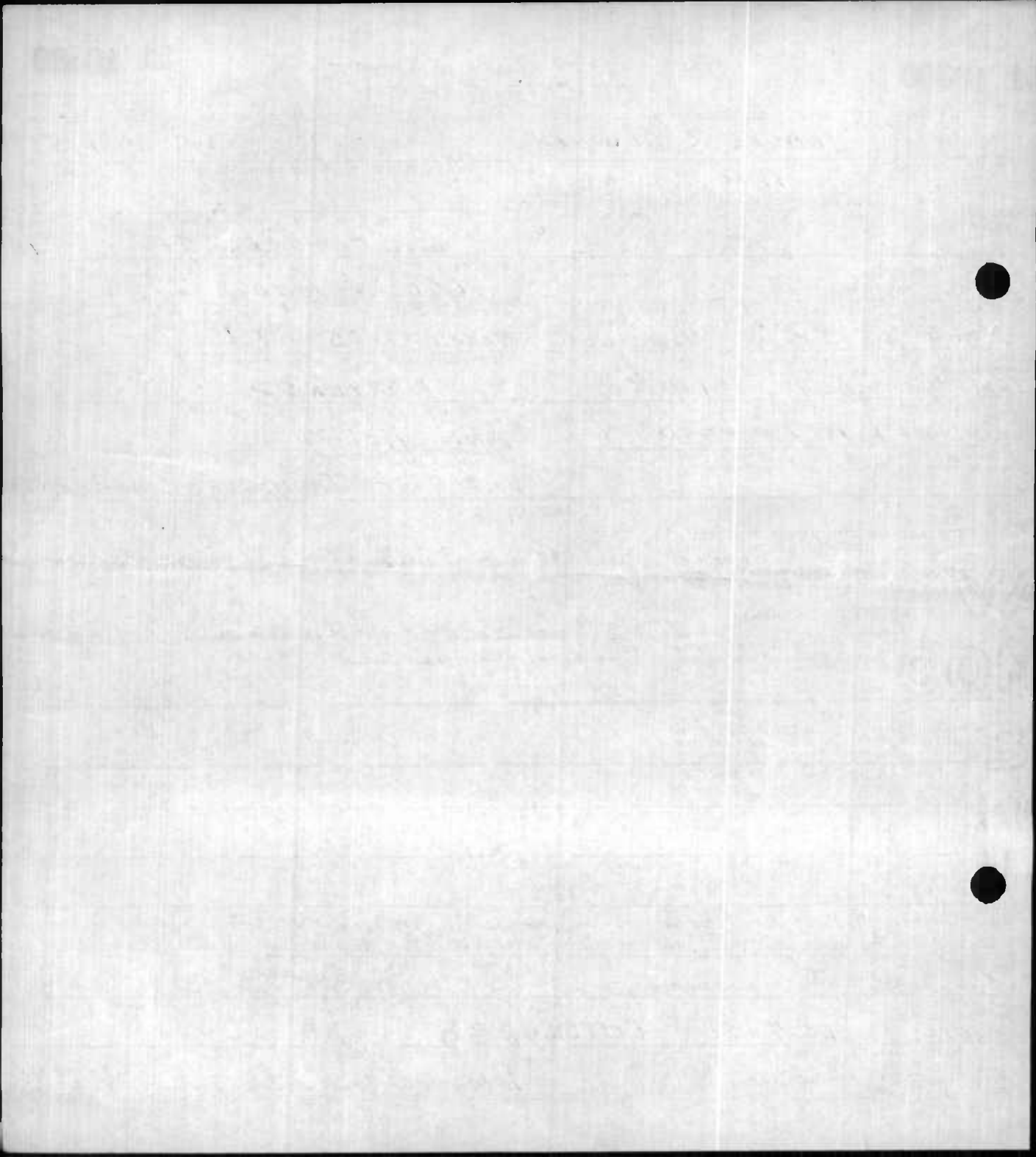
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) SAMUEL C DOWNIN		2. DATE OF DEATH NOV 30 - 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1620 N BOND ST		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE _____ B. COUNTY 8-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE MD	
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1620 N BOND ST	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	8. DATE OF BIRTH MARCH 8 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAIN DESPACHER		10B. KIND OF BUSINESS OR INDUSTRY B. ORR	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME SAMUEL A. DOWNIN		14. MOTHER'S MAIDEN NAME ANN KELLY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT ELIZABETH K. THOMPSON		ADDRESS 1620 N BOND ST	

18. 526 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior sclerotic C-V disease DUE TO Chronic bronchitis DUE TO Emphysema		INTERVAL BETWEEN ONSET AND DEATH 5 years 5 years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 4 1949 to Nov 30, 1951 that I last saw the deceased alive on Nov 30, 1951 , and that death occurred at 4:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. H. Grenger		23B. ADDRESS 1520 E. 33rd St		23C. DATE SIGNED 11-30-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24B. DATE DEC 2-51		24C. NAME OF CEMETERY OR CREMATORY PITTSBURGH	
24D. LOCATION (City, town, or county) (State) PA.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1951		24F. REGISTRAR'S SIGNATURE William H. Grenger	
24G. FUNERAL DIRECTOR Bernard E. Hark		24H. ADDRESS 121 E West St		24I. _____	

MEDICAL CERTIFICATION



460
10381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10381

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEFA UHLIR

2. DATE
OF
DEATH

11-30-1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

GOOD SAMARITAN HOME
27 N. CAREY ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2015 ASHLAND AVE

5. Length of stay in Baltimore.

70

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOT KNOWN

9. AGE (In years
last birthday)

77

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BOHEMIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ANTON KARVAJEK

14. MOTHER'S MAIDEN NAME

ANNA FRIEDEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

ANNA MELOCIK 2015 ASHLAND AVE

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) BACTERIAL SCALDITIS CARBONEMIA

DUE TO VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) GASTROINTESTINAL FAILURE

DUE TO CELLULITIS LEFT LOWER LEG

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 11/1, 1951, to 11/20, 1951, that I last saw the
deceased alive on 11/20, 1951, and that death occurred at 4:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

BURIAL 12-3-1951 HOLY REDEEMER BALTIMORE MD.

DEC 1 - 1951

Frank J. Williams, M.D.

FRANK CVACH & SON 900 N. CHESTER ST.

MEDICAL CERTIFICATION

ATTENTION

TO THE
MANAGER
OF THE
NEW YORK
PUBLIC LIBRARY

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515
51 10382BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10382

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John George Linnbaum.			2. DATE OF DEATH 11. 30. 51.		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Doctors Hospital			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland. B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13 D. STREET ADDRESS (If rural, give location) 4116 Reisterstown Rd. #15		
5. LENGTH OF STAY IN BALTIMORE 73 Yrs. Mos. Days			5. DATE OF BIRTH 4. 12. 1878		
6. SEX M. 7. COLOR OR RACE W. 8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married.			9. AGE (In years last birthday) 73		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silbersmith.			10B. KIND OF BUSINESS OR INDUSTRY -		
11. BIRTHPLACE (State or foreign country) Baltimore.			12. CITIZEN OF WHAT COUNTRY? USA Maryland		
13. FATHER'S NAME A. G. Linnbaum.			14. MOTHER'S MAIDEN NAME Minnie Imhoff		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 212-09-7210		
17. INFORMANT Ada Linnbaum			ADDRESS 4116 Reisterstown Rd. #15		

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Degenerative Cardio-vascular disease with arteriosclerosis and hypertension		?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO Cerebral Hemorrhage		7 days	
II		(C) Uremia		3 days	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Broncho-pneumonia		3 days	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **11-30**, 19**51** to **11-30**, 19**51**, that I last saw the deceased alive on **11-30**, 19**51**, and that death occurred at **1:10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE A. A. Inoué		23B. ADDRESS 1109 N. Calvert St.		23C. DATE SIGNED 11-30-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Dec. 3, 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR DEC 1-1951		24F. REGISTRAR'S SIGNATURE W. Vernon Lamm	
24G. FUNERAL DIRECTOR W. Vernon Lamm		24H. ADDRESS 4611 Park Heights Ave.		24I. VS 150	

53432

093d

County of _____ State of Texas

I, _____ of the County of _____ State of Texas, do hereby certify that _____ of the County of _____ State of Texas, is the owner of _____ of the County of _____ State of Texas, and that the same is subject to a lien in favor of _____ of the County of _____ State of Texas, in the sum of _____ Dollars, and that the same is due and payable on or before the _____ day of _____ 19____.

Witness my hand and seal of office this _____ day of _____ 19____.

-420
51 10383

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10383

BIRTH NO.		1. NAME OF DECEASED (Type or Print) William Welch		2. DATE OF DEATH 12-1-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY WORCESTER			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Noap		C. CITY OR TOWN Salisbury 72-12			
C. Length of stay in Baltimore 12		D. STREET ADDRESS (If rural, give location) 118 Catherine st.			
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 1997	9. AGE (in years last birthday) 54	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY const.		11. BIRTHPLACE (State or foreign country) VA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME LAG. James Welch		14. MOTHER'S MAIDEN NAME Lucy Sawyer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Pauline Welch Salisbury, Md.	
18. 150X I CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) DUE TO					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) Carcinoma of Esophagus ?					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 10-29-51		19B. MAJOR FINDINGS OF OPERATION Carcinoma of Esophagus			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-18, 1951, to 12-1, 1951, that I last saw the deceased alive on 12-1-51, and that death occurred at 1:05 AM, from the causes and on the date stated above.					
23A. SIGNATURE R.D. Richardson		23B. ADDRESS University Hosp.		23C. DATE SIGNED 12-1-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-4-51		24C. NAME OF CEMETERY OR CREMATORY Green Acre Cemetery Salisbury, Md.	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR James P. Oakhill			
DATE RECEIVED BY LOCAL REGISTRAR DEC 1-1951		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS	

MEDICAL CERTIFICATION

97024 046a Salisbury, Md.

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RIGHTS



460
51 10384BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10384
Registered No.1. NAME OF DECEASED
(Type or Print)

Carrie Florey

2. DATE
OF
DEATH

November 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1517 Desoto Road

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1517 Desoto Road

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 16, 1878

9. AGE (in years
last birthday)

73

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Gayleard

14. MOTHER'S MAIDEN NAME

Mary Whites

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Louis Florey, 1517 Desoto Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Nov, 1951, that I last saw the
deceased alive on Nov 27, 1951, and that death occurred at 5 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John F. Coaleahan

M. D.

23B. ADDRESS

4201 W. Baltimore

23C. DATE SIGNED

12/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/3/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

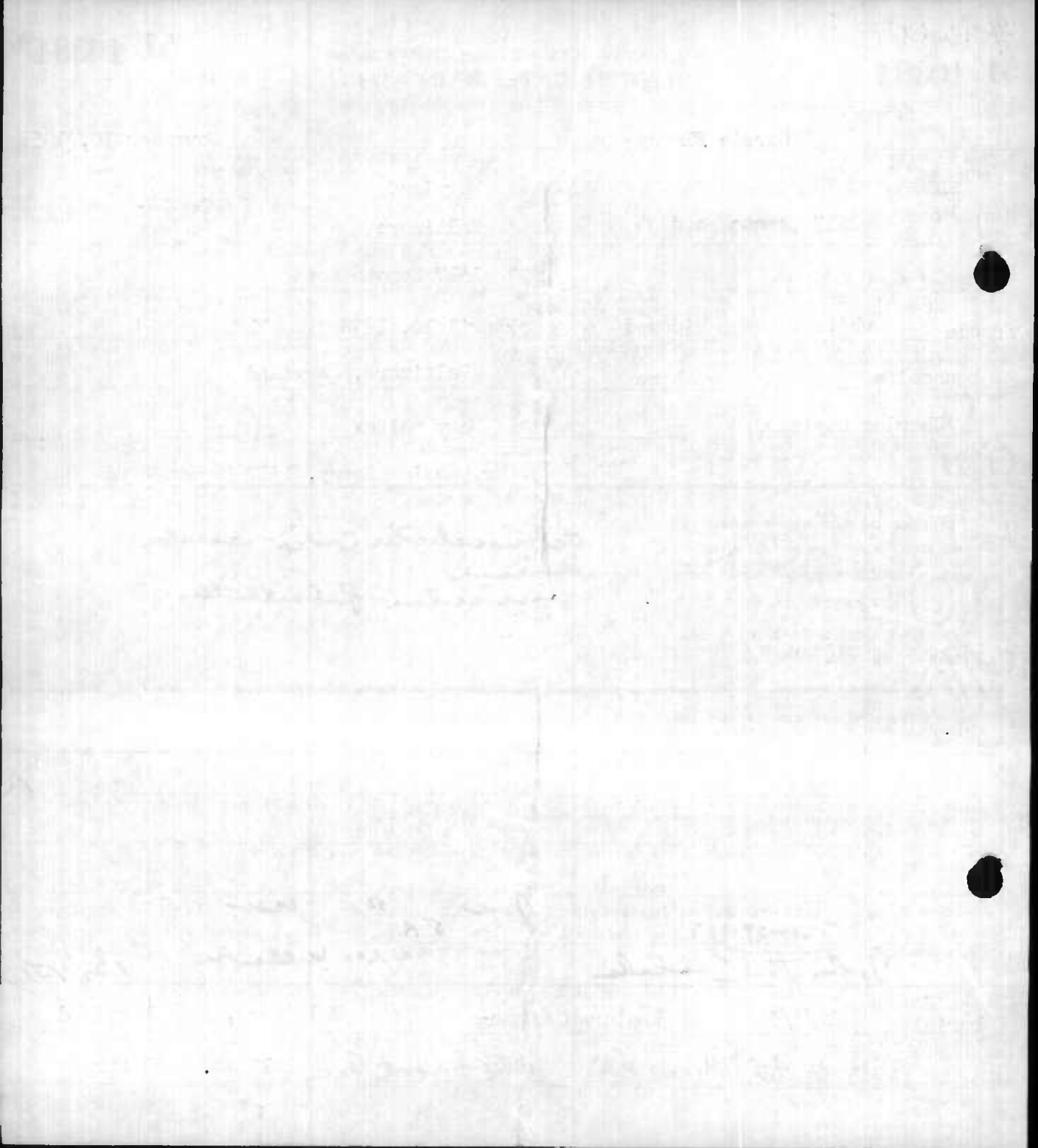
REGISTRAR'S SIGNATURE

Wm. Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street



432
51 10385

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10385
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Annie E. Heltzel		November 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1808 N. Calvert Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1808 N. Calvert Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 12, 1864
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 87
11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Barney		14. MOTHER'S MAIDEN NAME Isabel Heishman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Alma Heltzel, 1808 N. Calvert Street		ADDRESS	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Lobar Pneumonia			
DUE TO (A) ...			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio-vascular-renal disease			
DUE TO (B) ...			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II			
DUE TO (C) ...			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 21, 1951, to Nov. 30, 1951, that I last saw the deceased alive on Nov. 28, 1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Lee K. Fargo		23B. ADDRESS 1800 N. Charles	
23C. DATE SIGNED Dec-1-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) removal		24B. DATE 12/2/51	
24C. NAME OF CEMETERY OR CREMATORY Wardensville Cemetery		24D. LOCATION (City, town, or county) (State) Wardensville, West Virginia	
DATE RECEIVED BY LOCAL REGISTRAR DEC 1 - 1951		REGISTRAR'S SIGNATURE Wm. Cook, Jr.	
25. FUNERAL DIRECTOR Wm. Cook, Jr.		ADDRESS 1217 St. Paul Street	

MEDICAL CERTIFICATION

131a

London, 2. April 1911

My dear Sir,

I have the pleasure

to acknowledge the receipt

of your letter of the 28th

inst. in relation to

the proposed alterations

to the bye-laws of the

Local Board of Health.

I am sorry to hear that

you are unable to attend

the meeting of the Board

on the 10th inst. but

trust that you will be

able to attend the next

meeting on the 24th inst.

and that you will be

able to give a full

explanation of the

reasons for the proposed

alterations. I am, Sir,

Very respectfully,
Yours faithfully,
J. H. [Signature]

36
10386BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10386

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Byron Andrews

2. DATE
OF
DEATH Nov. 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2127 Linden Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MarylandB. COUNTY
none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2127 Linden Avenue

C. Length of stay in Baltimore

15 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 20, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

electrician

10B. KIND OF BUSINESS OR
INDUSTRY

Keystone Elec. Co.

11. BIRTHPLACE (State or foreign country)

Erwin, S. D.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Cassian Andrews

CONT.

14. MOTHER'S MAIDEN NAME

Sarah Ingalls

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Mary F. Andrews 2127 Linden Ave.

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Cerebral hemorrhage

Hypertension
ArteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH

1 day.

1 year.
3 years.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mr. 1947 to Mr. 30, 1951, that I last saw the
deceased alive on Nov. 20, 1951, and that death occurred at 6:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

33 Dundalk Ave., Dundalk, Md.

23C. DATE SIGNED

12 - 1 - 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12 - 4 - 51

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill

24D. LOCATION (City, town, or county)

Janesville, Wisconsin

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

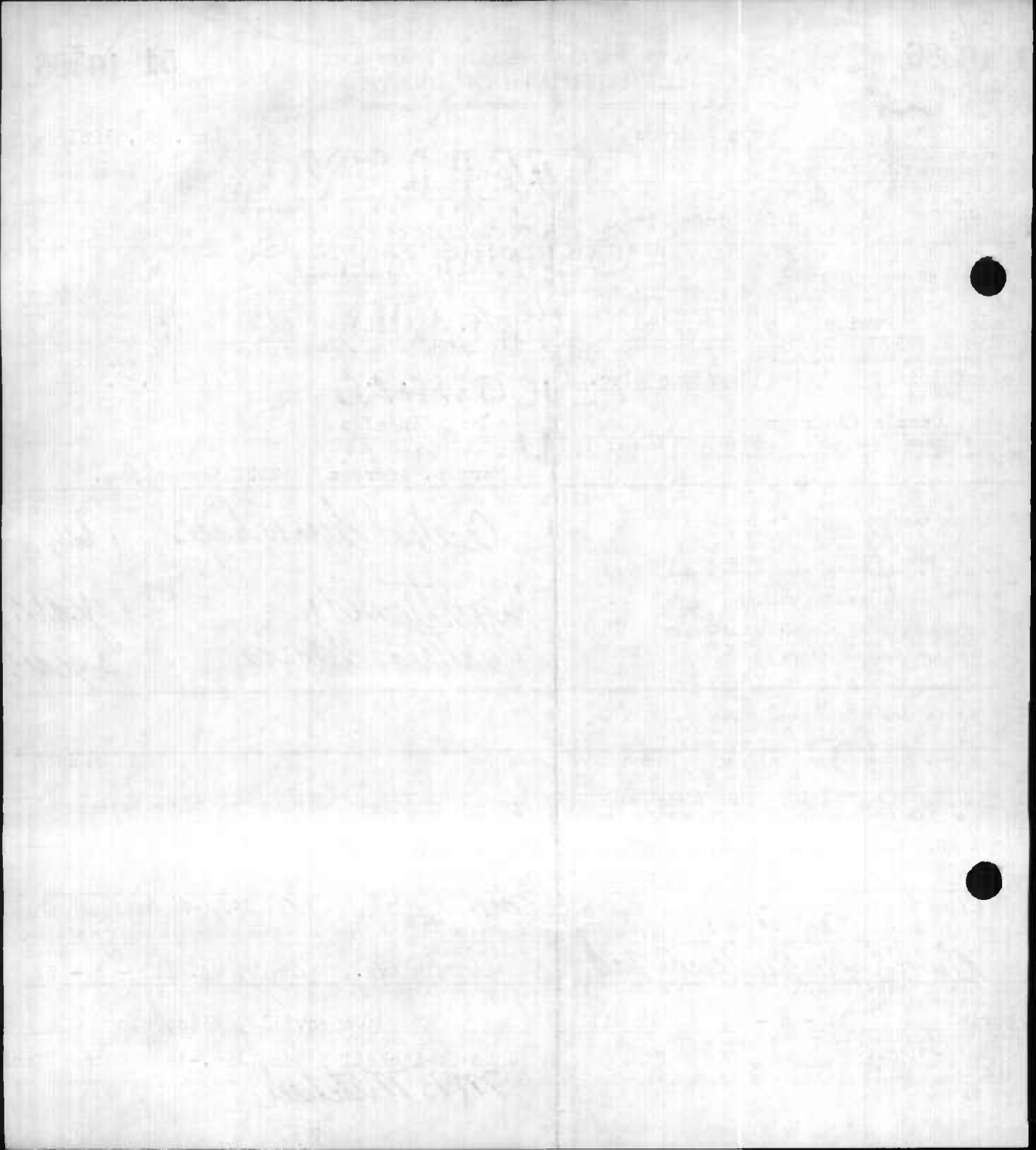
25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Place

DEC 1 - 1951

M B Mitchell



CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

Registered No. **51 10387**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM JOSEPH GALLBRAITH

2. DATE OF DEATH **December 1, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Connecticut

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Newbrick New Britian

D. STREET ADDRESS (If rural, give location)

76 Smith Street

Length of stay in Baltimore

Yrs.
Mos.
Days

6. COLOR OR RACE
Male White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
2-11-22

9. AGE (In years last birthday) **29**
If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Electrician

10B. KIND OF BUSINESS OR INDUSTRY
U.S. Navy

11. BIRTHPLACE (State or foreign country)
Stafford Springs, Conn.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Unknown

14. MOTHER'S MAIDEN NAME
Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
Yes 8-30-43 to 5-13-46

16. SOCIAL SECURITY NO.
Unknown

17. INFORMANT ADDRESS
G. A. Gardes, Commanding Officer,

18. **E 819.4-1 to death**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Skull fracture**

ONE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
1900 block of Fort Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Dec. 1, 1951 2:15 A.m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
Passenger in auto which skidded and struck side of bridge

I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, **accident** ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Hopping

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Dec. 1, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

12-4-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

New Britian, Conn.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William V. Hopping

25. FUNERAL DIRECTOR

ADDRESS

B. F. Hopping & Son, Annapolis, Maryland

170 West Street

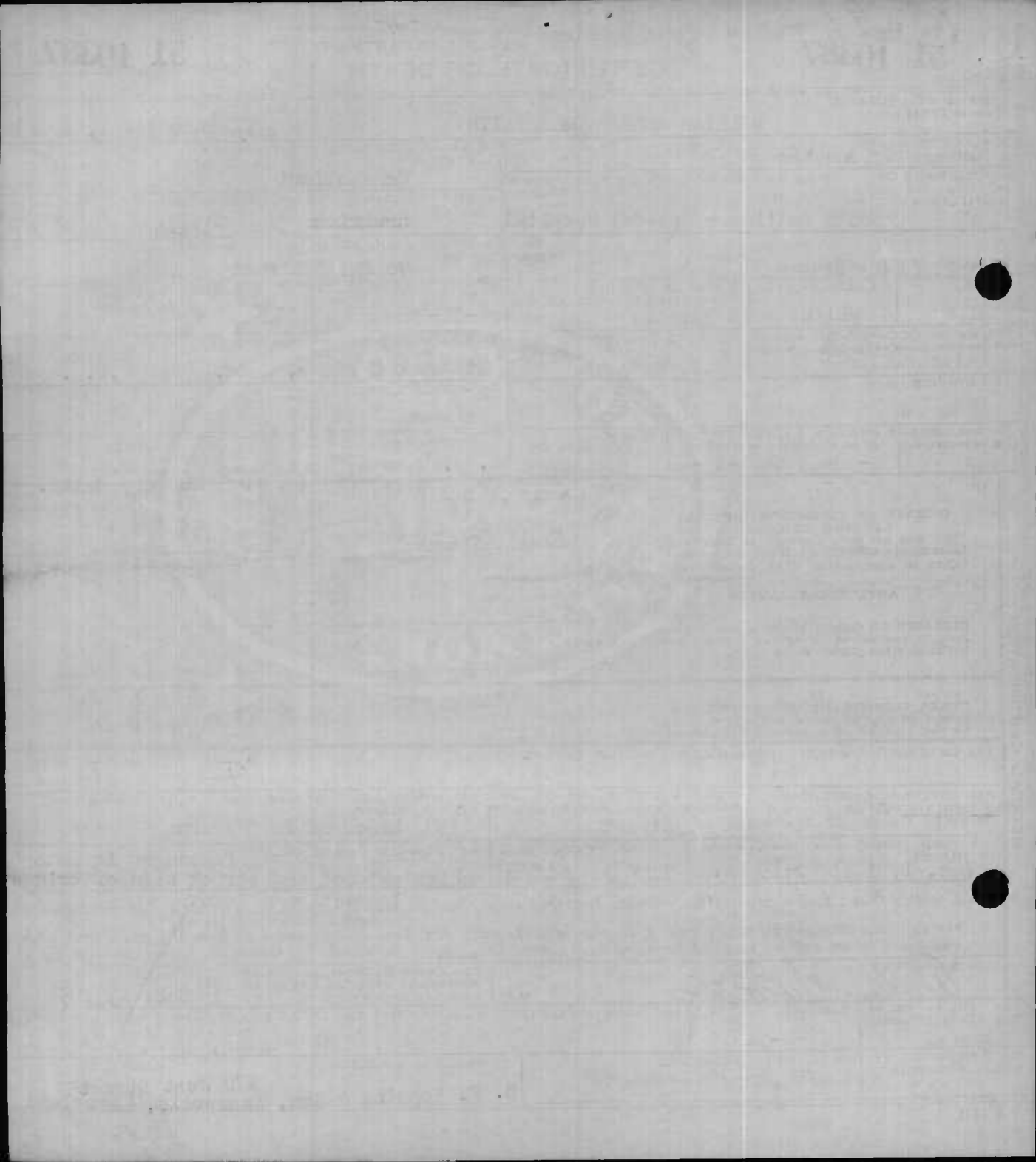
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N-803.2

51591

170C

MEDICAL CERTIFICATION



51 10388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10388

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ann Sellman

2. DATE
OF
DEATH

Nov. 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION JENKINS MEMORIAL HOSPITAL4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore (Halethorpe)D. STREET ADDRESS (If rural, give location)
4414 Linden Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

3-11-1868

9. AGE (In years
last birthday)

83

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Wigley

14. MOTHER'S MAIDEN NAME

Mary Ellen Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS EINA R. PROFFEN

ADDRESS
4414 LINDEN AVE
BALTIMORE

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Sclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Myocardial Infarction

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1951, to 11/30, 1951, that I last saw the deceased alive on 11/30, 1951, and that death occurred at 4:07 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2-1951

Registrar's Signature

Funeral Director

1600 W. NORTH AVE

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

IN SENATE, JANUARY 10, 1907.

REPORT OF THE DEPARTMENT OF HEALTH FOR THE YEAR 1906.

ALBANY: J. B. LIPPINCOTT COMPANY, 1907.

NEW YORK: J. B. LIPPINCOTT COMPANY, 1907.

PHILADELPHIA: J. B. LIPPINCOTT COMPANY, 1907.

BOSTON: J. B. LIPPINCOTT COMPANY, 1907.

CHICAGO: J. B. LIPPINCOTT COMPANY, 1907.

ST. LOUIS: J. B. LIPPINCOTT COMPANY, 1907.

SPRINGFIELD: J. B. LIPPINCOTT COMPANY, 1907.

INDIANAPOLIS: J. B. LIPPINCOTT COMPANY, 1907.

CINCINNATI: J. B. LIPPINCOTT COMPANY, 1907.

CLEVELAND: J. B. LIPPINCOTT COMPANY, 1907.

COLUMBUS: J. B. LIPPINCOTT COMPANY, 1907.

DAYTON: J. B. LIPPINCOTT COMPANY, 1907.

DETROIT: J. B. LIPPINCOTT COMPANY, 1907.

DUBLIN: J. B. LIPPINCOTT COMPANY, 1907.

EL PASO: J. B. LIPPINCOTT COMPANY, 1907.

HOUSTON: J. B. LIPPINCOTT COMPANY, 1907.

KANSAS CITY: J. B. LIPPINCOTT COMPANY, 1907.

LAKE CHARLES: J. B. LIPPINCOTT COMPANY, 1907.

LOS ANGELES: J. B. LIPPINCOTT COMPANY, 1907.

MEMPHIS: J. B. LIPPINCOTT COMPANY, 1907.

MINNEAPOLIS: J. B. LIPPINCOTT COMPANY, 1907.

MOBILE: J. B. LIPPINCOTT COMPANY, 1907.

MONTREAL: J. B. LIPPINCOTT COMPANY, 1907.

MURFREESBORO: J. B. LIPPINCOTT COMPANY, 1907.

NASHVILLE: J. B. LIPPINCOTT COMPANY, 1907.

NEW ORLEANS: J. B. LIPPINCOTT COMPANY, 1907.

NEW YORK: J. B. LIPPINCOTT COMPANY, 1907.

4-536
51 10389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10389

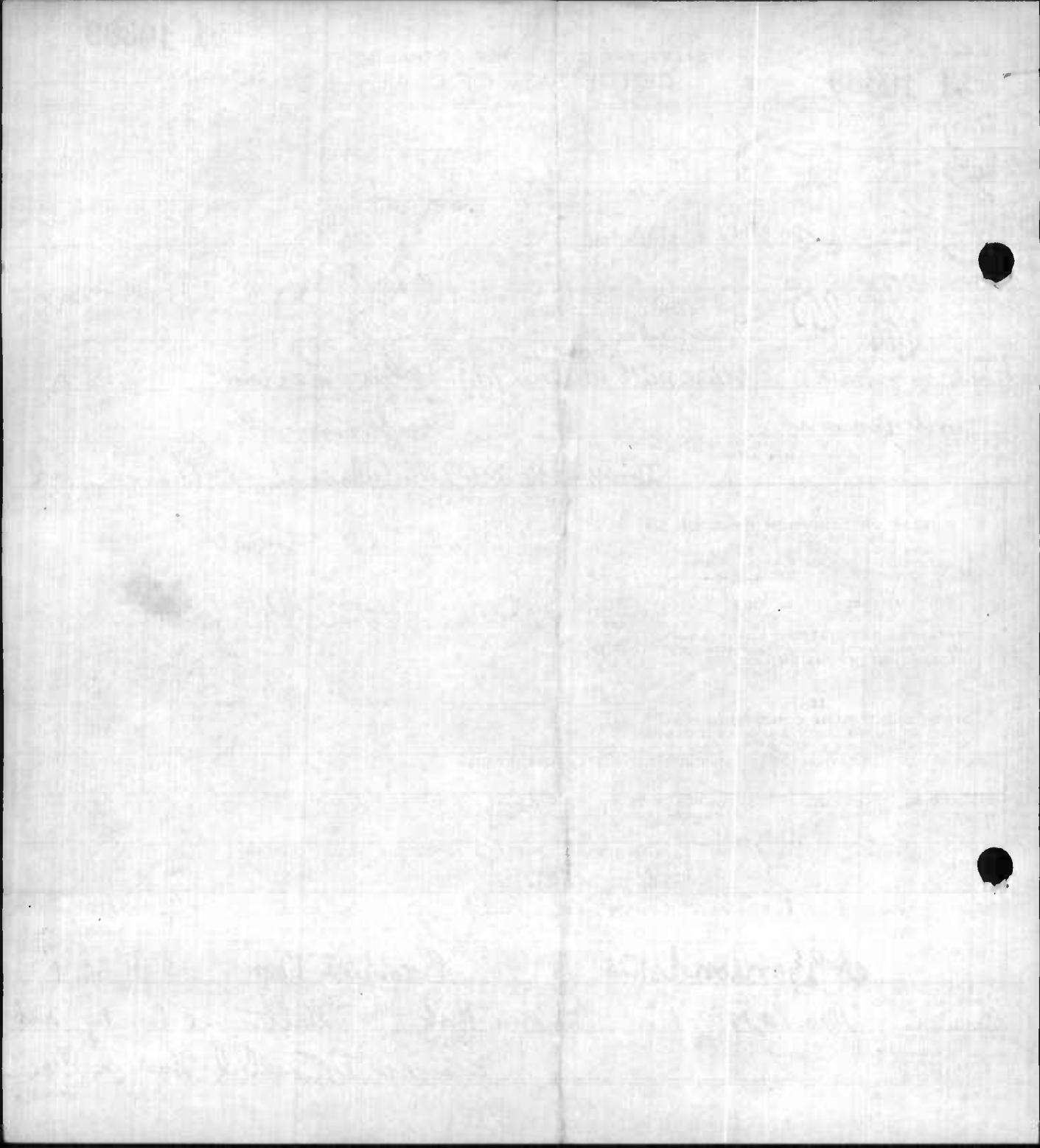
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Fred Anderson</i>			2. DATE OF DEATH <i>11-27-57</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>			c. CITY OR TOWN <i>Balto.</i> (If outside corporate limits, write RURAL and give township) <i>15-03</i>		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) <i>2211 Westwood Ave</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8.22.1909</i>	9. AGE (In years last birthday) <i>42</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mill worker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cotton Mill Worker</i>	11. BIRTHPLACE (State or foreign country) <i>Memphis - Tenn</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
13. FATHER'S NAME <i>unknown</i>			14. MOTHER'S MAIDEN NAME <i>unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>426-09-6537</i>	17. INFORMANT ADDRESS <i>Mrs Zella Anderson - Baltimore, Md</i>		

18. <i>331X I</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebral Hemorrhage</i>		
ANTECEDENT CAUSES		(B) <i>Arteriosclerotic Hypertension</i>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *11-27*, 1957, to *11-27*, 1957, that I last saw the deceased alive on *11-27*, 1957, and that death occurred at *7 P.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>F. G. Henderson</i>	M. D.	23b. ADDRESS <i>Provident Hosp.</i>	23c. DATE SIGNED <i>11.30.57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec. 2, 1957</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Mem. Park</i>	24d. LOCATION (City, town, or county) (State) <i>Baltimore County Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS <i>Elmer E. Bullock - Hare de Grace Md.</i>	



H-634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10390

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FREDERICK B. HARTLEB

2. DATE
OF
DEATH

Nov 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto - 2746 Riggs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2746 Riggs Ave 16-07

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 2-1886

9. AGE (In years
last birthday)

65

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Piano Tuner

10B. KIND OF BUSINESS OR
INDUSTRY

Piano

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Hartleb

14. MOTHER'S MAIDEN NAME

Dora Bartz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, or no) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

213-01-1877

17. INFORMANT

Maude E. Buchner 2746 Riggs Ave

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from July 1946, to Nov. 30, 1951, that I last saw the
deceased alive on 11/20, 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

23A. SIGNATURE

D. M. Laughlin

M. D.

23B. ADDRESS

4508 Edmondson Village

23C. DATE SIGNED

12/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 3, 1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 2, 1951

25. FUNERAL DIRECTOR

ADDRESS

John F. Trufl 5311 Edmondson

57284

093d

ave

MEDICAL CERTIFICATION

213-01-1877

B-550

51 10391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10391

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NATHAN BAUMANN		2. DATE OF DEATH 12-1-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1701 No Ellamont St		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Fenblath Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13	
c. Length of stay in Baltimore 9 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3719 Leisterstown Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION DR. D. C. MacLAUGHLIN		9. AGE (in years last birthday) 10 to 12 A.M. except Fri. and Sun. 7 to 9 P.M. except Wed., Fri. and Sun.	
13. RESIDENCE PHONE: ARBUTUS 2238 REG. NO. 6920		PHONE: WILKENS 4150 4508 EDMONDSON VILLAGE	
15. (Yes, x)		12. CITIZEN OF WHAT COUNTRY?	

PATIENT'S NAME

DATE

ADDRESS

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

YES ☐ NO ☐

give exact location)

MEDICAL CERTIFICATION

R This patient seen by me alive on 11/20/51. Had been under my care for over 5 yrs. Was found dead at 2 P.M. 1/30/51, death occurring at approximately 1 A.M. 12/30/51. **D. C. MacLaughlin M.D.**

MUCH TIME CAN BE SAVED BOTH PATIENT AND DOCTOR BY PHONING CALLS BEFORE NOON.

22. I attended the deceased from **Oct 1, 1951**, to **Dec 1, 1951**, that I last saw the deceased alive on **Nov 30, 1951**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Herbert Goldstein M.D.	23B. ADDRESS 1810 Eutan Rd	23C. DATE SIGNED Dec. 6, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-2-51	24C. NAME OF CEMETERY OR CREMATORY Rosedale
24D. LOCATION (City, town, or county) Balto Md		(State) Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

29. FUNERAL DIRECTOR

ADDRESS

DEC 2 - 1951

VS 150

Huntington Williams, Md

2906A

1222

Goldstone
3400 Ellamont Road

K-630
51 10392BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10392
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BESSIE KREIHO

2. DATE
OF
DEATH

11-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1907 E. Fayette St

C. Length of stay in Baltimore

30 Yrs.
Moon-
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Md

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1907 E Fayette St

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Moses

14. MOTHER'S MAIDEN NAME

Shefra

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Rosa Kramer - Same

18. 162x 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral tumor (carcinoma)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Metastatic from - broncho
genic - carcinoma of lungs.
(C) duration - about 8 months

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July-14-1951 to Nov-30-1951, that I last saw the deceased alive on Nov-30-1951, and that death occurred at 9:10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Herman Seidel

23B. ADDRESS

2404 Eutaw Pl

23C. DATE SIGNED

12/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-2-51

24C. NAME OF CEMETERY OR CREMATORY

Kness Israel

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Eutaw Pl

DEC 2 - 1951

VS 150

047C

Heidel

VALLEY
CENTRAL
BOARD

S-255
51 10393BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

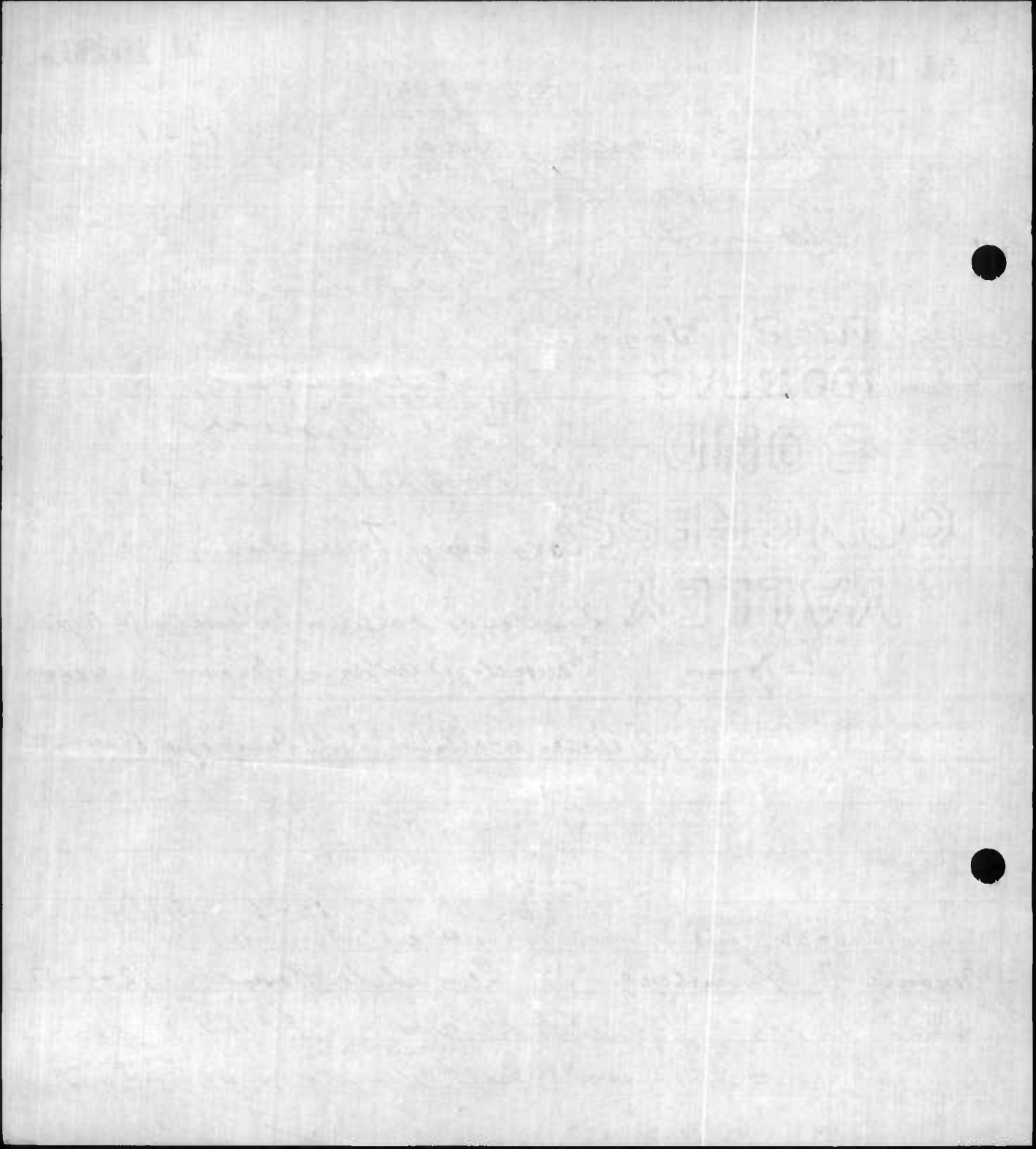
51 10393

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Mrs Sussman, Sara</i>		2. DATE OF DEATH <i>12-1-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>27-15</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Levindale</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>25</i> Yrs. <i>25</i> Mos. <i>25</i> Days		D. STREET ADDRESS (If rural, give location) <i>Levindale</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>66</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>66</i>
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Not known</i>		14. MOTHER'S MAIDEN NAME <i>Not known</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Hospital records</i>
18. <i>4700 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i> DUE TO <i>Hypertensive & arterioscler heart disease 11 years</i> DUE TO <i>Generalized arteriosclerosis years</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes mellitus, Right Hemiplegia 14 months</i>		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>10-20</i> , 19 <i>50</i> , to <i>12-1</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>11-30</i> , 19 <i>50</i> , and that death occurred at <i>4:10 a. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Jerome J. Blumberg</i> M. D.		23B. ADDRESS <i>Levindale Home</i>	
23C. DATE SIGNED <i>12-1-51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>12-2-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>United Hebrew</i>		24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 2 - 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Jack Lewis</i>		ADDRESS <i>2100 Eastern Bk</i>	

0610



2:155
51 10394BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10394
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LIPMAN, HARRY

2. DATE
OF
DEATH

12/1/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Seraf Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 15-10

C. Length of stay in Baltimore

45

Yrs.
Mon.
Days

D. STREET ADDRESS (If rural, give location)

3920 Cold Spring Lane

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

Lith

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

13. FATHER'S NAME

Max

PR-P

14. MOTHER'S MAIDEN NAME

Rose

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Tillie Lipman - Same

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Rehearsational Hemorrhage
B. Pulmonary EdemaINTERVAL BETWEEN
ONSET AND DEATH

5 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A)
DUE TO(B)
DUE TO

(C)

Ante-mortem HT Disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1951 to Dec 1, 1951 that I last saw the
deceased alive on Dec 1, 1951 and that death occurred at 730A m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Sander M. D.

23B. ADDRESS

Seraf Hosp

23C. DATE SIGNED

12/1/51

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

2-2-51

24C. NAME OF CEMETERY OR CREMATORY

Herring Run

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis 3100 Eutan Rd

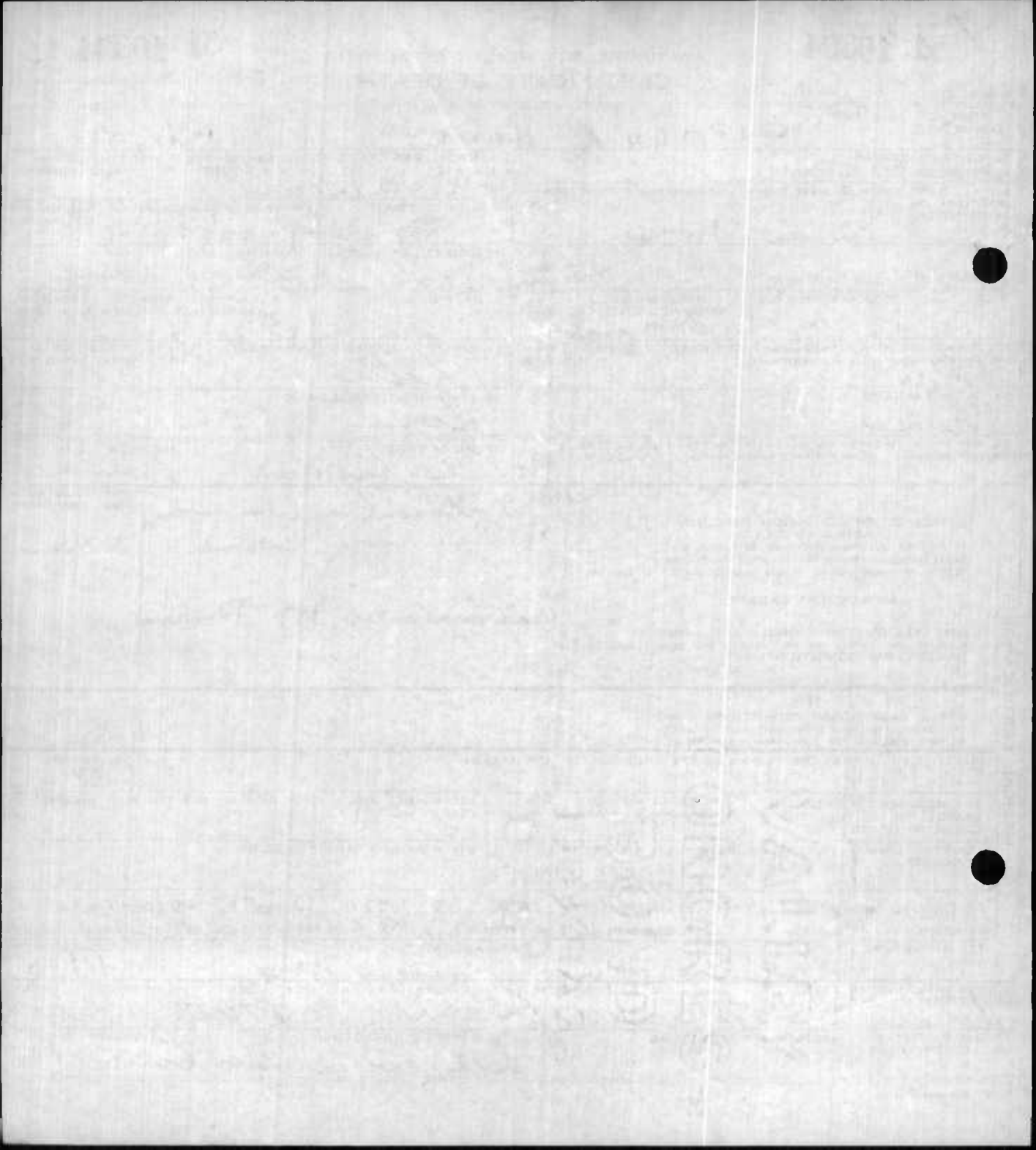
DEC 2 - 1951

Huntington Williams, Md

5906E

093d

MEDICAL CERTIFICATION



N-526

CERTIFICATE COMPLETED 12/12/51

51 10395

BALTIMORE CITY HEALTH DEPARTMENT

51 10395

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie M. Ningard

2. DATE
OF
DEATHNov 30th 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

10-01

D. STREET ADDRESS (If rural, give location)

1204 E. Eager St

C. Length of stay in Baltimore

Life

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb 26th 18719. AGE (in years
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joshua Ningard

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sadie Collins Marble Hall Rd

ADDRESS

18. 540.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Myocardial infarction

(A) Curvilinear Fibroelastosis -

cardiac hypertrophy

DUE TO

Dissecting aneurysm-abdominal wall

ANTECEDENT CAUSES

pneumonia - R.L.L. Monie Adiphar

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

colitis, Monie G.I. Hemorrhage

DUE TO

Gastric ulcer - acute & chr. Duodenal ulcer

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs.

48 hrs.

6 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Starvation, malnutrition

Chronic

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/24/50, 19__, to 11/30/51, 19__, that I last saw the
deceased alive on 11/30/51, 19__, and that death occurred at 4th m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph B. Brunner M.D.

M. D.

23B. ADDRESS

Mon. Hospital Balto, Md

23C. DATE SIGNED

11/30/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 3rd 1951

24C. NAME OF CEMETERY OR CREMATORY

Balto cem

24D. LOCATION (City, town, or county)

E. North Ave Ext

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Leo S. Leach 1701-03 N. Patterson Park

ADDRESS

DEC 2 - 1951

VS 450

ave
96

MEDICAL CERTIFICATION

See Document File 51-10395

Autopsy report

12/12/51 RS

W-416

51 10396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10396

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Jethro T. Woolford		Nov. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
		Md Baltimore			
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
S. Balto H. Hospital		Baltimore 23-02			
7. C. Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location)			
60		1236 Light			
9. SEX	10. COLOR OR RACE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH	13. AGE (In years last birthday)	14. Under 1 Year Months: Days
Male	White	Widowed	Aug 9, 1877	74	
15. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		16. KIND OF BUSINESS OR INDUSTRY		17. BIRTH PLACE (State or foreign country)	
Stationary Engineer		S. Balto Hospital		Cambridge	
18. FATHER'S NAME		19. MOTHER'S MAIDEN NAME		20. CITIZEN OF WHAT COUNTRY?	
Woolford		Do not know		U.S.	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		22. SOCIAL SECURITY NO.		23. INFORMANT ADDRESS	
no				William A. Woolford 2432 Md ave	
24. I		25. CAUSE OF DEATH			
443 X		C-V-A - thrombosis			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		DUE TO			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		DUE TO			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Sept. 19 th , 1951, to Nov 30 th , 1951, that I last saw the deceased alive on Nov. 30 th , 1951, and that death occurred at 9:49 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Yung-tsing Wong		S. B. G. H., 1213 Light St.		11-30-1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Dec 4, 1951		Mt Olivet	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
Baltimore		DEC 2 - 1951		J. H. Williams, M.D.	
25. FUNERAL DIRECTOR		26. ADDRESS			
A. Edward Evans		1400 S. Charles St			

583 8T

093d

MEDICAL CERTIFICATION

1901

John T. Whipple

John T. Whipple

1901

1901

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1901

B-655
51 10397

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 51 10397
Registered No.

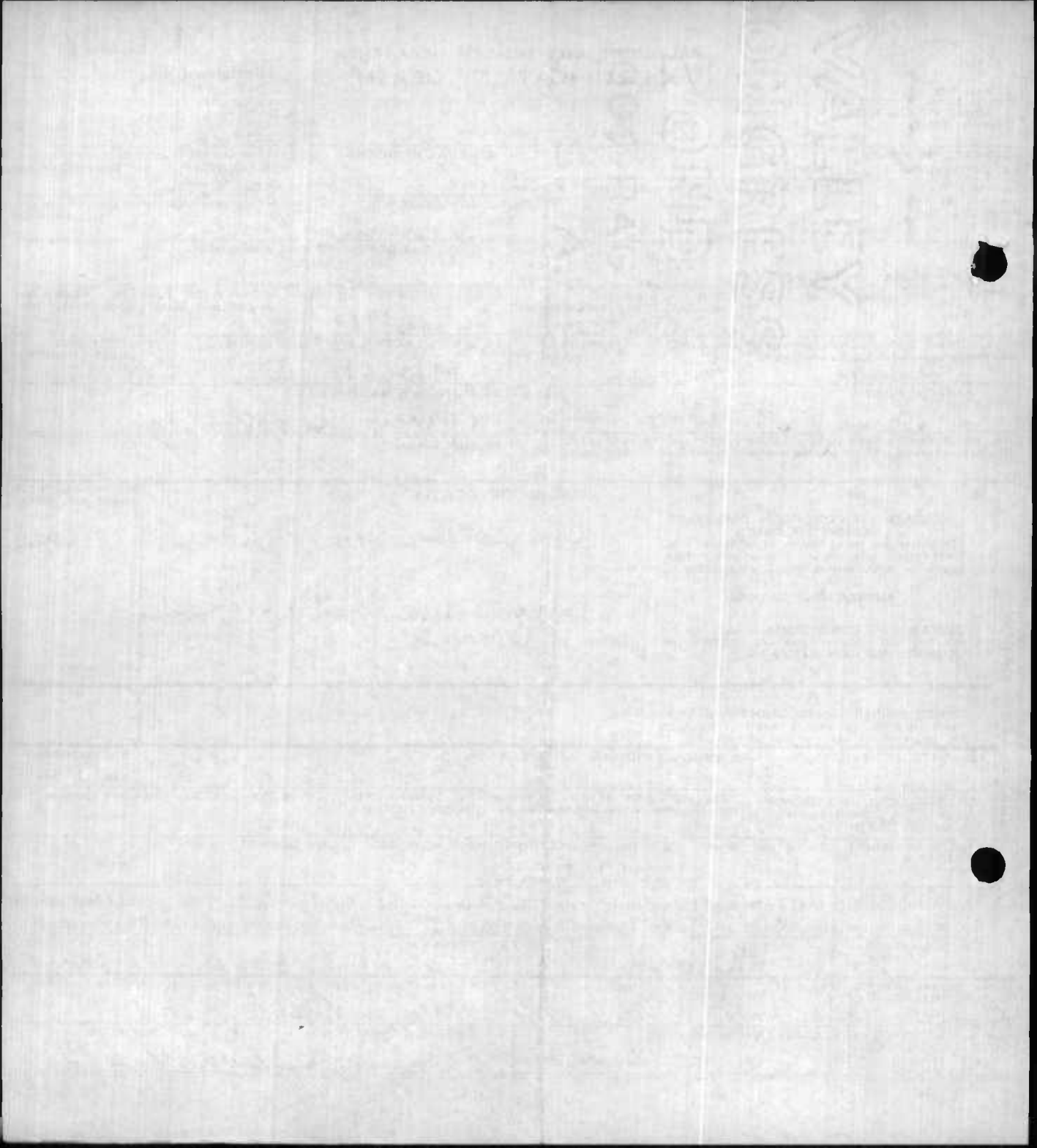
1. NAME OF DECEASED (Type or Print) Louis D. Brennan		2. DATE OF DEATH 11-30-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY Anne Arundel	
b. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Severna Park	
c. Length of stay in Baltimore 50 <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days		d. STREET ADDRESS (If rural, give location) 5200	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 12, 1901
9. AGE (In years last birthday) 50		10. AGE (In years last birthday) 50	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? US.	
13. FATHER'S NAME Joseph T. Brennan		14. MOTHER'S MAIDEN NAME Mary Dougherty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Consecutive Heart Failure DUE TO (A) Consecutive Heart Failure	CAUSE OF DEATH Consecutive Heart Failure DUE TO (B) Hypertensive Cardio-Vascular Disease DUE TO (C) Disease	INTERVAL BETWEEN ONSET AND DEATH 10 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 11-26 , 1951, to 11-30 , 1951, that I last saw the deceased alive on 11-30 , 1951, and that death occurred at 10:40 A.M. , from the causes and on the date stated above.		
23a. SIGNATURE R.E. Folliloue	23b. ADDRESS Church Home & Hosp.	23c. DATE SIGNED 11-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 3 1951	24c. NAME OF CEMETERY OR CREMATORY New Cathedral	24d. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR 12-2-1951	REGISTRAR'S SIGNATURE William H. Williams, M.D.	25. FUNERAL DIRECTOR H. Jenkins	ADDRESS 4905 York Rd.

10010 093d



J-520
51 10398CERTIFICATE CORRECTED 1/16/1952
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

ES

51 10398

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alvin M.

Jones

2. DATE
OF
DEATH

11/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy

C. Length of stay in Baltimore

life.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE MARRIED
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bus driver

10B. KIND OF BUSINESS OR
INDUSTRY

BTC

13. FATHER'S NAME

Elisha Jones

ST. FRANCIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-05-9328

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1215 W. 40th St.

8. DATE OF BIRTH

Nov 19, 1901

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Alice Caltrider

17. INFORMANT

Self.

ADDRESS

18. 541.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

generalized peritonitis

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TODuodenal ulcer - gastric resection
(autopsy)

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/22/51

19B. MAJOR FINDINGS OF OPERATION

generalized peritonitis with abscess formation

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT-WHILE
III. WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1951, to Nov 30, 1951, that I last saw the
deceased alive on Nov 30, 1951, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Buell Jr.

M. D.

23B. ADDRESS

Mercy.

23C. DATE SIGNED

11/30/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Dec 3/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer.

24D. LOCATION (City, town, or county) (State)

Belsin Rd. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Theodore E. Donovan - 3818 Roland

ADDRESS

ave

DEC 2 - 1951

VS 150

62551

117B

MEDICAL CERTIFICATION

See Document File 51-10398
1/26/1952 ES

362
51 10399BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10399
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Streeks, Arthur Gorman

2. DATE

OF
DEATH December 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's

Yrs.
Mos.
Days

C. Length of stay in Baltimore Life

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1016 Union Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

M. Wh.

Married

Mar 7, 1891

60

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore Transit

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frank Streeks

14. MOTHER'S MAIDEN NAME

Mary Redman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

213-10-01960 Loretta Streeks 1016 Union Ave

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio Vascular
Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November 30, 1951, to December 1, 1951, that I last saw the
deceased alive on Dec. 1, 1951, and that death occurred at 6:00a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1100 N. Caroline St.

Dec. 1, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 2 - 1951

H. H. Williams

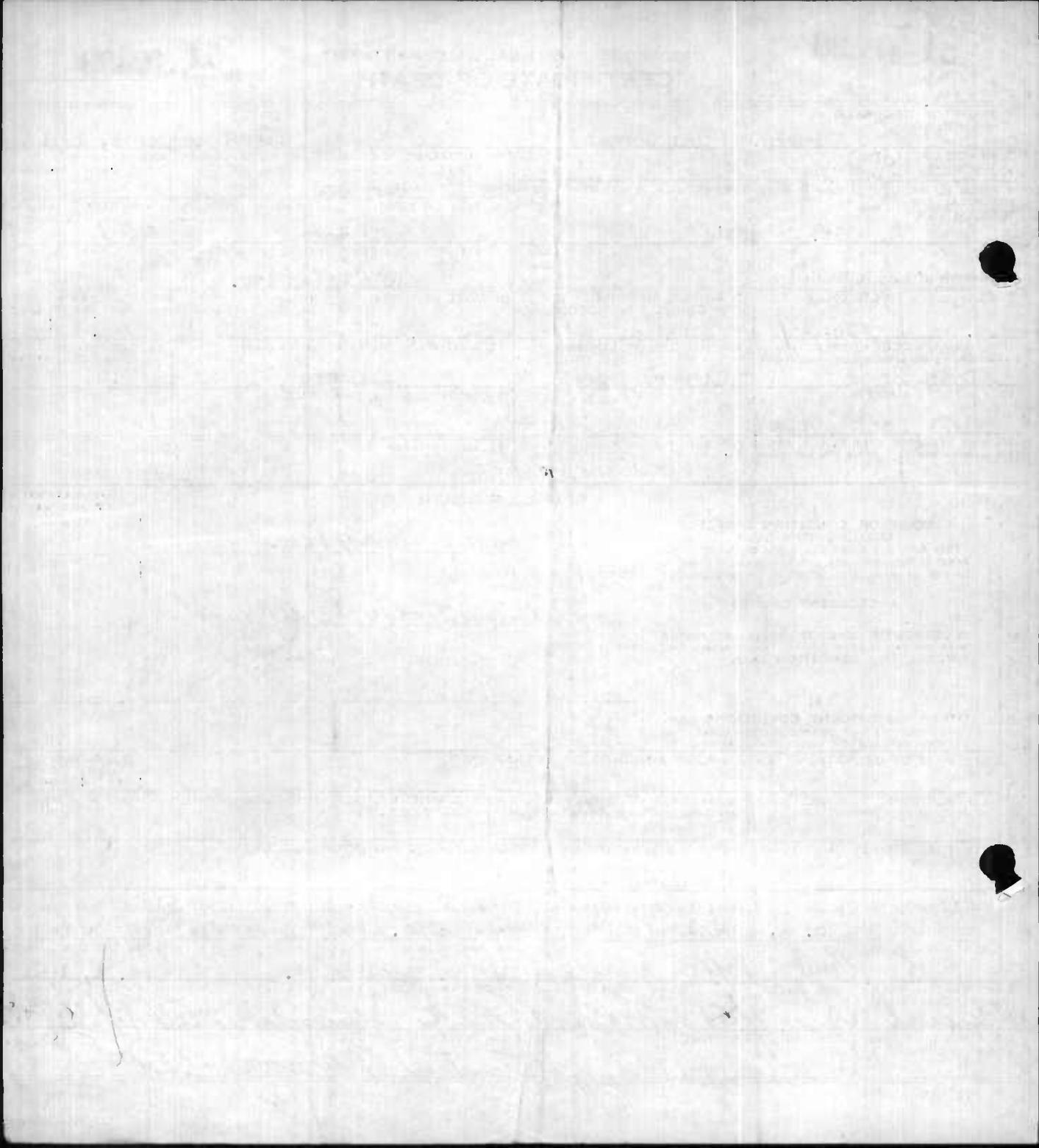
Austin C. Donovan - 3818 Roland

VS 150

62551

093d

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED

1-17-51

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 51 10400

410
 51 10400

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>BERTHA</i> <i>Martha G. Wolfe</i>		2. DATE OF DEATH <i>Dec 2 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Md</i> b. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>311 Gwynn Ave</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
c. Length of stay in Baltimore <i>4</i> Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>311 Gwynn Ave</i>	
5. SEX <i>CF</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Jan 27 1875</i>
10a. USUAL OCCUPATION (Give kind of work (concurrent with most of working life, even if retired)) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Daniel Henry Follmer</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Glen Wolfe</i>		ADDRESS <i>Same</i>	

18. <i>124X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of uterus</i> DUE TO	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 yrs</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO	(B)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19a. DATE OF OPERATION <i>0</i>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 1951, to *December*, 1951, that I last saw the deceased alive on *Nov. 29*, 1951, and that death occurred at *4:45 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE *Morris W. Steinberg* M. D. *410 N. Hilton St.* 23c. DATE SIGNED *Dec. 2, 1951*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *Dec 4 1951* 24c. NAME OF CEMETERY OR CREMATORY *Guthrie Cem* 24d. LOCATION (City, town, or county) (State) *North County Pa*

DATE RECEIVED BY LOCAL REGISTRAR *DEC 2 - 1951* REGISTRAR'S SIGNATURE *William H. Williams* FUNERAL DIRECTOR *Henry Jenkins* ADDRESS *4805 York Road*

MEDICAL CERTIFICATION

Gross Steinberg
410 Hilton

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10401
Registered No.

BIRTH NO. 51 10401

1. NAME OF DECEASED
(Type or Print)

Henry Seitz

2. DATE
OF
DEATH

11-30-1957 4:50 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore, Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Anne Arundel

C. CITY OR TOWN

Pasadena

D. STREET ADDRESS (If rural, give location)

47 Johnson Rd.

5200

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

12-9-1902

9. AGE (In years
last birthday)

48

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

REPAIRMAN

10B. KIND OF BUSINESS OR
INDUSTRYC & P
TELEPHONE CO.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Seitz (deceased)

14. MOTHER'S MAIDEN NAME

Barbara Hoerner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

No.

16. SOCIAL
SECURITY NO.

212-63-6298

17. INFORMANT

Barbara Seitz

ADDRESS

47 Johnson Rd, Pasadena, Md.

18.

581.01

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Intractable hemorrhage from esophageal
varices.

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

20 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cirrhosis of the liver

DUE TO

more than
7 years

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia

1 day

19A. DATE OF OPERATION

11-16-1957

19B. MAJOR FINDINGS OF OPERATION

Extensive adhesions -
greatly enlarged liver

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-11, 1957, to 11-30, 1957, that I last saw the
deceased alive on 11-30, 1957, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Eugene Ch. Baumann M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

11-30-1957

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

DEC. 3, 1957

24C. NAME OF CEMETERY OR CREMATORY

ST. MATTHEWS

24D. LOCATION (City, town, or county)

BALTO., MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Eugene Ch. Baumann, M.D.

25. FUNERAL DIRECTOR

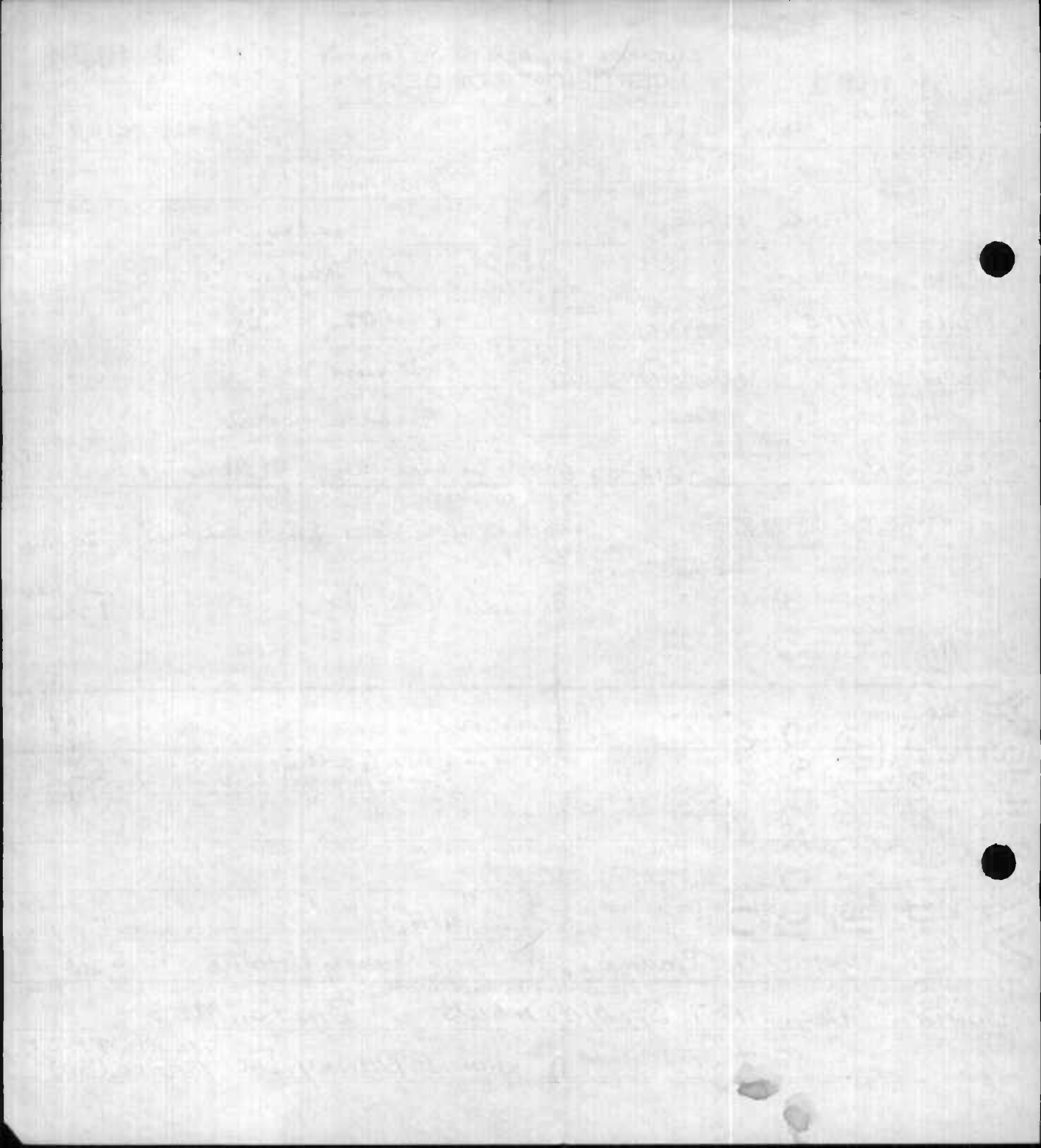
JOHN F. DENNY, INC. 715 LIGHT ST.
BALTO. (30)

DEC 2 - 1957

540 5A

124 B

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10402

200
51 10402

1. NAME OF DECEASED (Type or Print) <i>Helen Buck</i>		2. DATE OF DEATH <i>Dec. 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1414 3 E.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Calvert Co. Md</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Quoby P.O. 5400</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>11-26-38</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>13</i>
13. FATHER'S NAME <i>Callop Buck</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. *053.1 and 710.0*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Disseminated Histoplasmosis infection*

DUE TO

(B) *Collagen vascular disease -*

DUE TO

(C) *ie. Dermatomyositis*

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from *11-13-*, 19*51*, to *12-1-*, 19*51*, that I last saw the deceased alive on *12-1-*, 19*51*, and that death occurred at *10:52 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

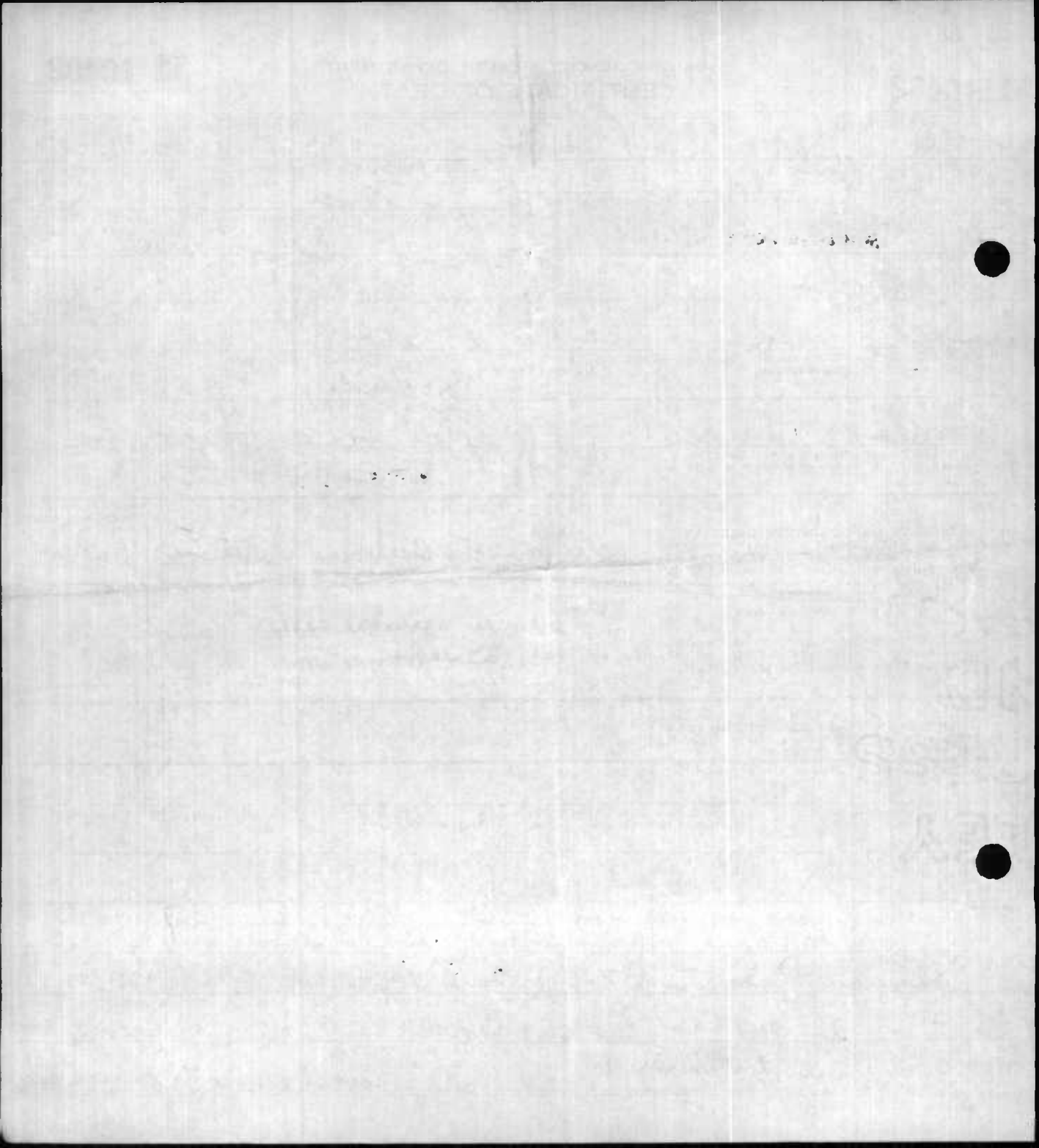
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



625

51 10403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 10403

BIRTH NO. 51-27724

1. NAME OF DECEASED (Type or Print) Baby girl Sarigianis		2. DATE OF DEATH 12-1-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE M.D. b. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore 7 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 3500 Glenarm Ave	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 11-24-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME John Sarigianis		14. MOTHER'S MAIDEN NAME Hazel Hainin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John Sarigianis		ADDRESS 3500 Glenarm Baltimore, Md.	

18. 760.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Intracerebral hemorrhage		Since birth	
ANTECEDENT CAUSES		(B) DUE TO		Birth trauma	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 11-24-51, 1951 to 12-1, 1951, that I last saw the deceased alive on 12-1-1951, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE Robert M. Hiley Jr.		23B. ADDRESS University Hospital		23C. DATE SIGNED 12-1-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 3, 1951		24C. NAME OF CEMETERY OR CREMATORY Leisters Cemetery	
24D. LOCATION (City, town, or county) Rural, Westminister Md.		24E. NAME OF CEMETERY OR CREMATORY		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR J.S. Myers Jr. Westminister	

160a Md.

MEDICAL CERTIFICATION

31 1902

STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE

31 1902

Blank lined page with two binder holes on the right side.

56 10404

REA-151024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10404

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stephen Szerba

2. DATE
OF
DEATH

11-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1518 Eastern Avenue

Length of stay in Baltimore

39 yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 25, 1886

9. AGE (In years
last birthday)

64

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Printer

10B. KIND OF BUSINESS OR
INDUSTRY

Balto Coat Co.

11. BIRTHPLACE (State or foreign country)

Eastern Europe

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Records: B. C. H. 4940 Eastern Avenue

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary infarction. Infarction

I Wk

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

8-5-51 and 8-15-51

19B. MAJOR FINDINGS OF OPERATION

Gangrene of rt. foot and leg due to arterial embolism

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5-1951, to 11-29, 1951, that I last saw the
deceased alive on 11-29, 1951, and that death occurred at 1:50 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. L. Rogers

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

11-30-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-3-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Baltimore, Maryland.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 3 - 1951

25. FUNERAL DIRECTOR

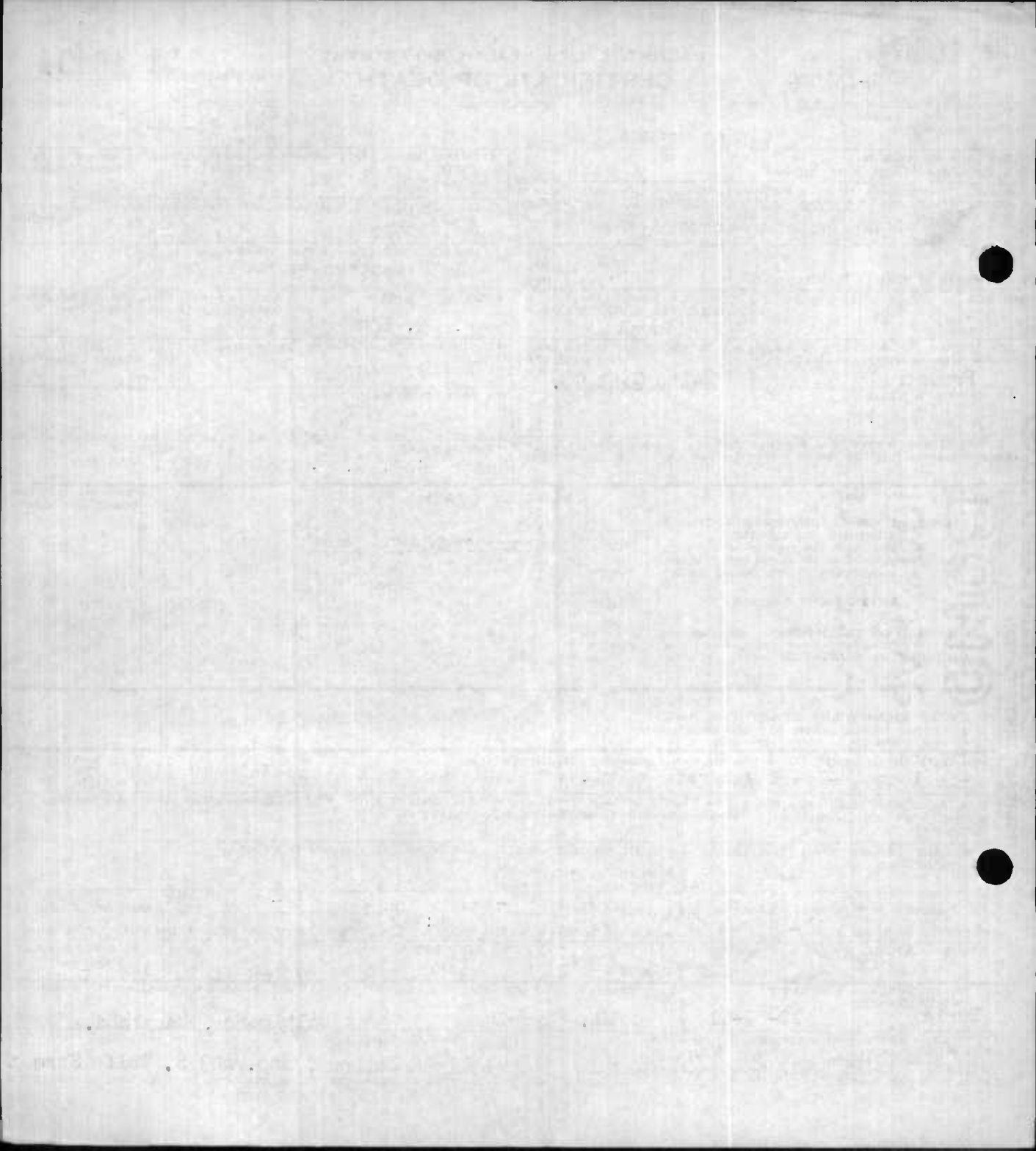
ADDRESS

Lilly & Zeiler, Inc. 403 S. Wolfe Street

VS 150

690 4G

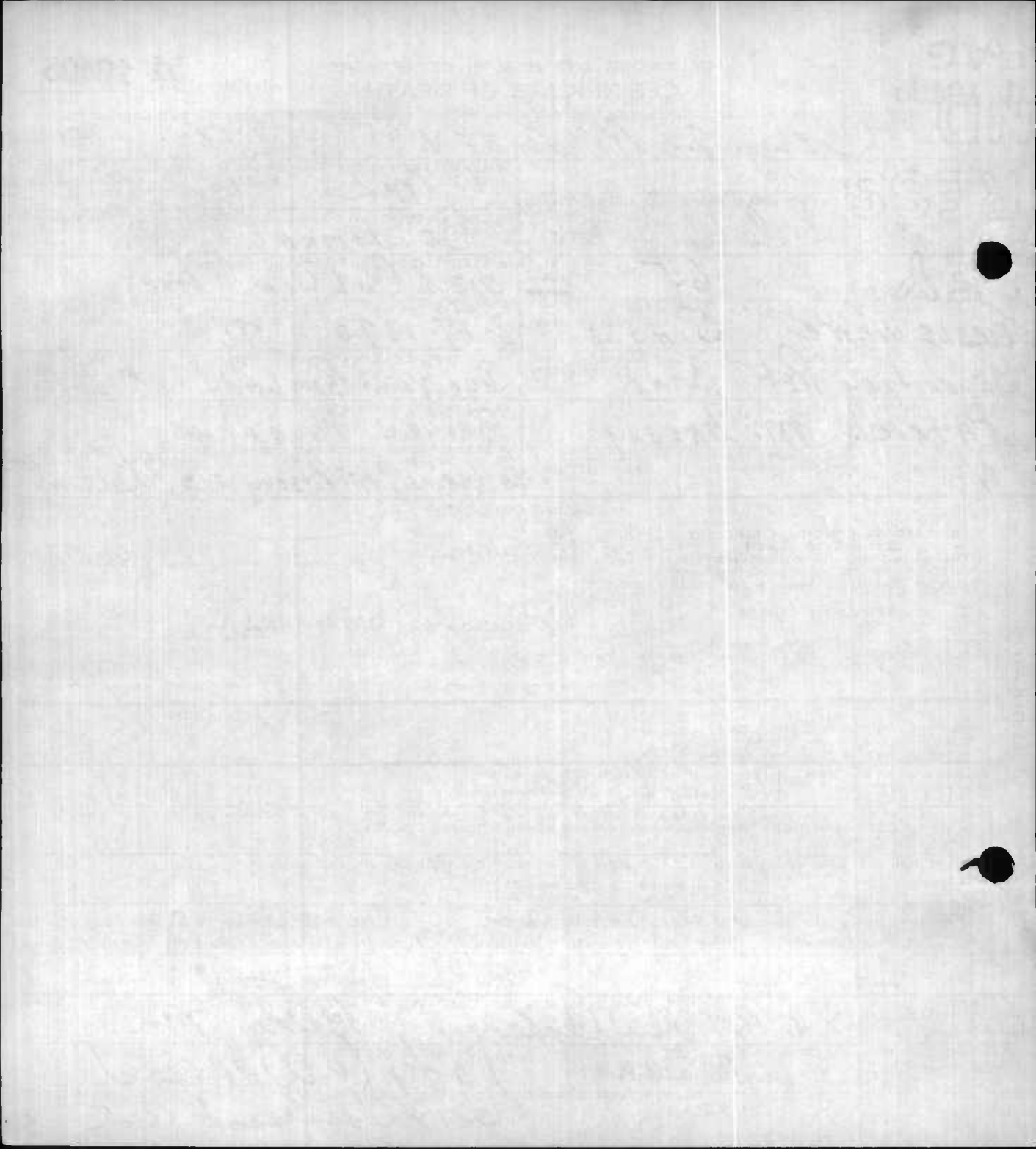
94a



261
51 10405BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10405

1. NAME OF DECEASED (Type or Print) DELIA E. Mc GREEVY		2. DATE OF DEATH 12-1-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 313 S. COLLINS AVE		C. CITY OR TOWN (If outside corporate limits, write R.R. 1st and give township) BALTIMORE 20-08	
C. Length of stay in Baltimore 65 Yrs. Mon Days		D. STREET ADDRESS (If rural, give location) 313 S. COLLINS AVE	
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 8-17-1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECRETARY RET		10B. KIND OF BUSINESS OR INDUSTRY BANK	
11. BIRTHPLACE (State or foreign country) Durham England		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME PATRICK Mc GREEVY		14. MOTHER'S MAIDEN NAME Brigid Murphy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT CATHERINE C. Mc GREEVY		ADDRESS 313 S. COLLINS AVE	
18. 159X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, g.i. tract DUE TO Carcinoma tox. abdominal DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH Months			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION August 27 (1951)		19B. MAJOR FINDINGS OF OPERATION Carcinoma abdominal	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from August 1951 , to November 1951 , that I last saw the deceased alive on November 1951 , and that death occurred at 9:30 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE James Quinn		23B. ADDRESS 5804 Edmondson Ave, Balt. Md	
23C. DATE SIGNED 11/2/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 12.5.1951	
24C. NAME OF CEMETERY OR CREMATORY New Cathedral		24D. LOCATION (City, town, or county) (State) Baltg Md	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE Wm. J. Williams, M.D.	
25. FUNERAL DIRECTOR W. H. C. Walters		ADDRESS 3517 Frederick Ave 46M	



626
1 10406BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10406
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KATHERINE C. KROUGER

2. DATE
OF
DEATH

Nov 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1833 W. LEXINGTON ST

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

20-01

D. STREET ADDRESS (If rural, give location)

1833 W. LEXINGTON ST

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

FEMALE

WHITE

SINGLE

8. DATE OF BIRTH

Oct 6-1864

9. AGE (In years last birthday)

87

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

SCHOOL TEACHER RET. BALTO CITY

13. FATHER'S NAME

LLOYD KROUGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

MARGARET ELLIOTT 1833 W. LEX ST

ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Carcinoma of Lung,
probably metastatic
Carcinoma of Breast (amputated)

INTERVAL BETWEEN ONSET AND DEATH

Several Months
3 yearsII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1951, to Nov 30, 1951, that I last saw the deceased alive on Nov 28, 1951, and that death occurred at 7 P. m., from the causes and on the date stated above.

23A. SIGNATURE

abram Goldman M.D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

12/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

DEC 3-1951

HOUNDON PARK

BALTO MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

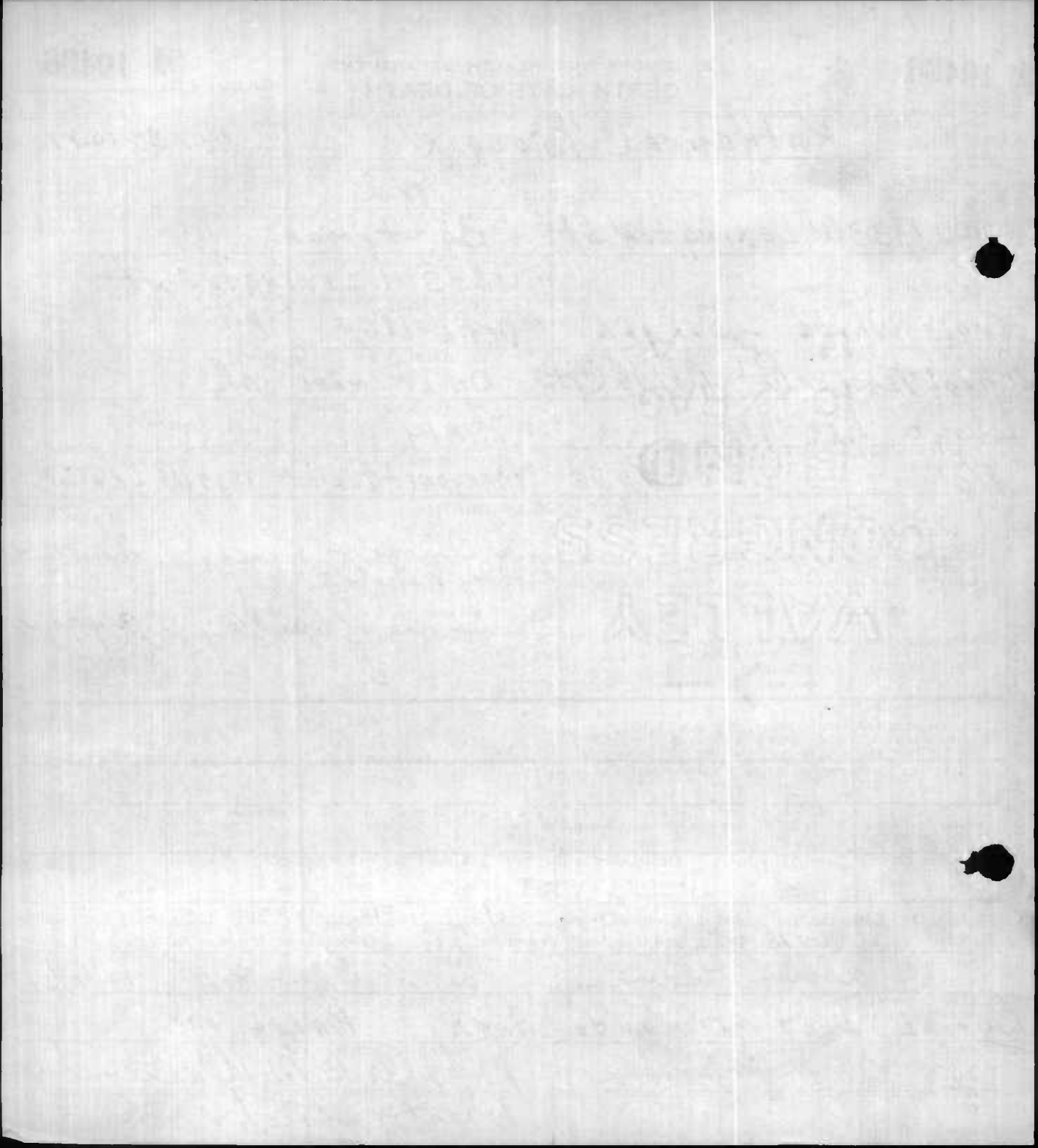
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Hoff & B. M. Walters

Bratt & Stricker St 50



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 10407**

BIRTH NO. **10407**

1. NAME OF DECEASED (Type or Print) SPENCER BREDELL Bridde III		2. DATE OF DEATH November 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Wicomico	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury	
D. STREET ADDRESS (If rural, give location) 630 W. Main Street		E. LENGTH OF STAY IN BALTIMORE Yrs. 7 Mos. 12 Days 12	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-27-51
9. AGE (In years last birthday) 9		10. CITIZEN OF WHAT COUNTRY? USA	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Spencer Bridde Jr.		14. MOTHER'S MAIDEN NAME Mary Brown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Spencer Bridde Jr.		ADDRESS _____	

18. E9020 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Craniocerebral injury		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 630 W. Main Street, Salisbury, Md.
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov. 27, 1951 1:00 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Accidentally dropped to floor

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Lord	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED Dec. 1, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 11-4-51	24C. NAME OF CEMETERY OR CREMATORY Green Acres Cemetery, Salisbury, Md.
24D. LOCATION (City, town, or county) (State) Salisbury, Md.	25. FUNERAL DIRECTOR James B. Blashfield ADDRESS 1862 Salisbury, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951 REGISTRAR'S SIGNATURE William V. Lord		

7201 12

STATE OF TEXAS

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1895

1896

1897

1898

1899

1900

125
51 10408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10408

1. NAME OF DECEASED (Type or Print) ROSCOE W. HOPKINS?		2. DATE OF DEATH Nov. 29, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland 2710 E. Biddle St., b. FULL NAME OF HOSPITAL OR INSTITUTION c. Length of stay in Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY c. CITY OR TOWN Baltimore d. STREET ADDRESS (If rural, give location) 2710 E. Biddle St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1905
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Paper Co.	9. AGE (in years last birthday) 46
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Henry T. Hopkins		14. MOTHER'S MAIDEN NAME Mary A. Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (M)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Gertrude Hopkins, 2710 F. Biddle St.		ADDRESS	
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart Disease DUE TO Coronary Thrombosis ANTECEDENT CAUSES Coronary Occlusion DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. long			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 15, 1951 , to Nov 29, 1951 that I last saw the deceased alive on 11-29-51 and that death occurred at 8:00 m., from the causes and on the date stated above.			
23A. SIGNATURE F. J. [Signature]		23B. ADDRESS 200 W. [Address]	
23C. DATE SIGNED 11-29-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 3, 1951	
24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Orleans St.,		ADDRESS	

MEDICAL CERTIFICATION

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-452

10409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

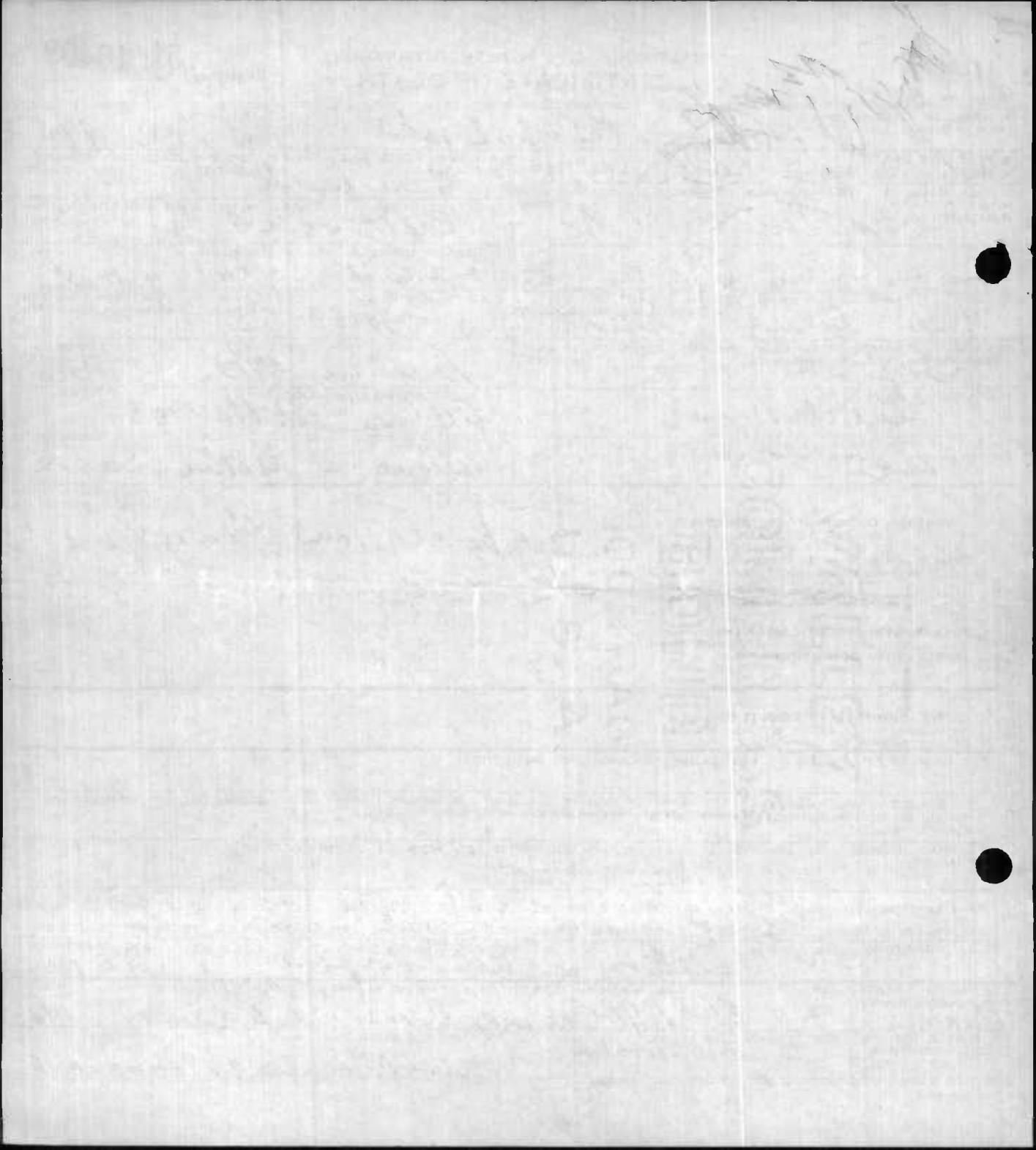
Registered No. 51 10409

BIRTH NO. 49-06992

1. NAME OF DECEASED (Type or Print) <i>Williams, Randolph</i>		2. DATE OF DEATH <i>Dec 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Belt: 40 RD, 40</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Un. Vrs. + y OF Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Belt: 40 RD 4-02</i>	
D. STREET ADDRESS (If rural, give location) <i>626 W. SARATOGA ST.</i>		E. LENGTH OF STAY IN BALTIMORE <i>life 2</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>3-30-49</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>2</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Baltimore, MD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Osceola Williams</i>		14. MOTHER'S MAIDEN NAME <i>Odessa W. Williams</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>above - Mother - same</i>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>010X I</i>	CAUSE OF DEATH <i>Tuberculous Meningitis 1st</i>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 26</i> , 19 <i>51</i> to <i>Dec 1</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Dec 1</i> , 19 <i>51</i> , and that death occurred at <i>10:00</i> AM, from the causes and on the date stated above.					
23A. SIGNATURE <i>W E Maclellan</i>		23B. ADDRESS <i>Univ. Hospital</i>		23C. DATE SIGNED <i>Dec 1, 1951</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-4-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt CALVARY CEM</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. County. Md.</i>		25. FUNERAL DIRECTOR <i>William A Jackson</i>		ADDRESS <i>916 PENNA-AVE</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3 - 1951</i>		REGISTRAR'S SIGNATURE <i>W E Maclellan</i>			



200
51 10410

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10410
Registered No.

1. NAME OF DECEASED (Type or Print) Joseph Lewis		2. DATE OF DEATH 11-29-1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 721 E. Coldspring Lane	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-17-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night watchman		10b. KIND OF BUSINESS OR INDUSTRY Builders	9. AGE (In years last birthday) 62
11. BIRTHPLACE (State or foreign country) N.Y.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. -	
17. INFORMANT Mrs. Joseph B. Lewis		ADDRESS 721 Coldspring Lane	
18. 420 1 1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Coronary Heart Disease DUE TO INTERVAL BETWEEN ONSET AND DEATH 1 hour ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Hypertensive Cardio-Vascular Disease DUE TO (C) 1st Disease 5 yrs II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 27 , 19 51 , to Nov. 29 , 19 51 , that I last saw the deceased alive on 11-27 , 19 51 , and that death occurred at 8 a.m., from the causes and on the date stated above.			
23a. SIGNATURE P. D. Lyons		23b. ADDRESS 11 E. Chase St.	
23c. DATE SIGNED 11/29/51		23d. DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-3-1951	
24c. NAME OF CEMETERY OR CREMATORY Balto. National		24d. LOCATION (City, town, or county) (State) Baltimore Md.	
25. FUNERAL DIRECTOR John G. Moran		ADDRESS 3000 E. Baltimore St.	

MEDICAL CERTIFICATION

763 24 4 1 0

93D

324
51 10411BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

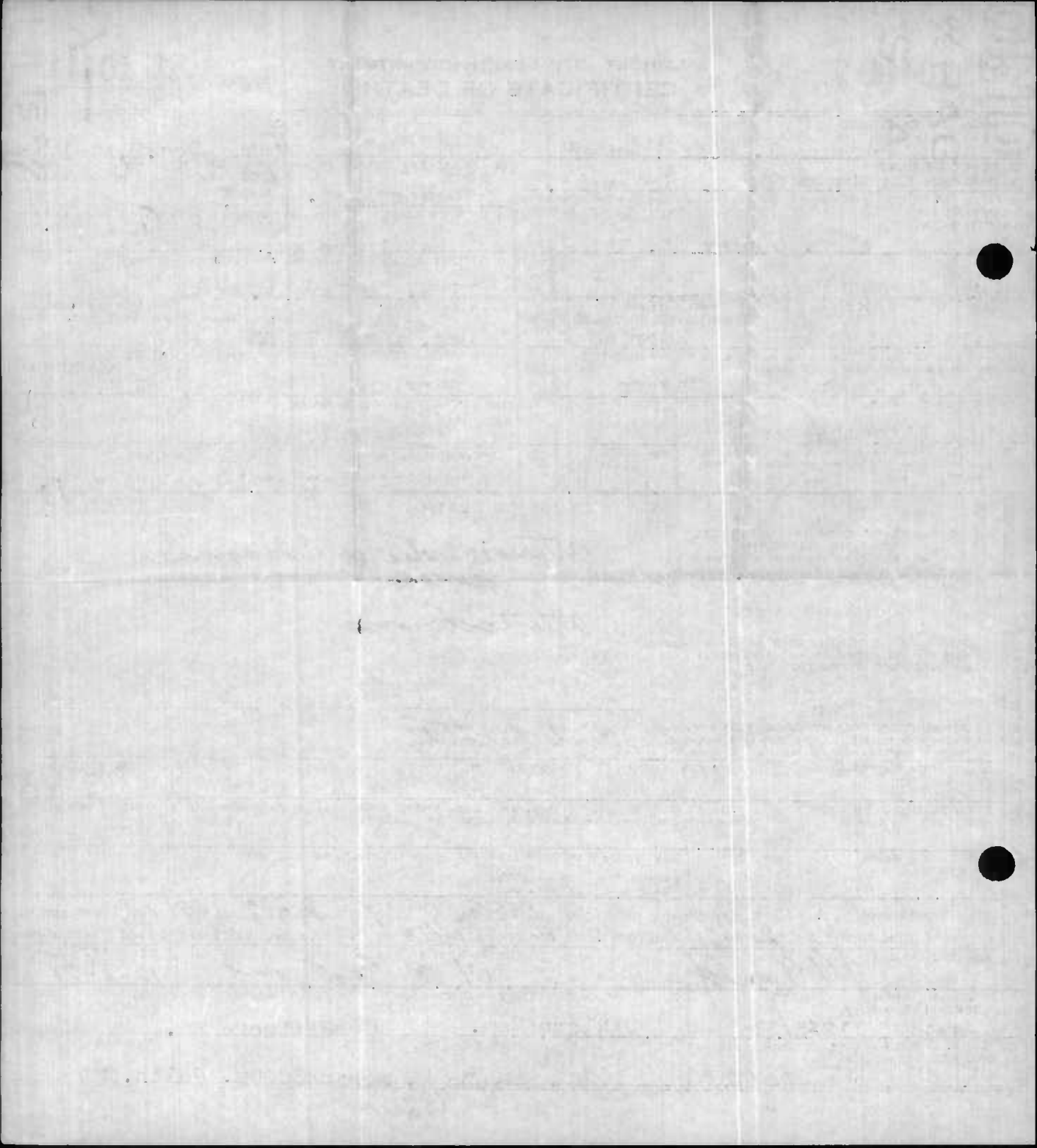
Registered No. 51 10411

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Joseph F. Ritzelberger		2. DATE OF DEATH Dec. 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1 S. Curley St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1 S. Curley St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1 S. Curley St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29 1897 53
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Owner		10B. KIND OF BUSINESS OR INDUSTRY Tavern	9. AGE (In years last birthday) 53
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Ritzelberger		14. MOTHER'S MAIDEN NAME ? / ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mary Bitzelberger		ADDRESS 1 S. Curley St.	

18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterovascular cardiovascular disease DUE TO Anterovascular disease DUE TO Acute hepatitis	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October 1949 to Dec 2, 1951 , that I last saw the deceased alive on Dec 2, 1951 , and that death occurred at 10:10 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE J. J. Gault		23B. ADDRESS 14 71 East Ave		23C. DATE SIGNED 12-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR John A. Moran		ADDRESS 3000 E. Balto. St	



51 10412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 10412

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA Scherr

2. DATE
OF
DEATH

Dec. 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Lutheran Gen Hosp of Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3657 PARK Hgts Ave #15

C. Length of stay in Baltimore

65 yrs.

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

1881

9. AGE (In years
last birthday)

70

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Isaac Brager

14. MOTHER'S MAIDEN NAME

Mary ??

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Katie Rostov- 3655 Park Heights Avenue

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebro vasculae Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio vasculae Dis.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1951, to Dec. 2, 1951, that I last saw the
deceased alive on Dec 2, 1951, and that death occurred at 6:32 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Inclen

23B. ADDRESS

Lutheran Hosp. of Maryland

23C. DATE SIGNED

Dec 2, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/3/51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Young Mens

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Lennon & Son - 1124-26 W.

DEC 2 - 1951

937 North Avenue

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH

COMMISSIONER

AVIATION

361
1 10413BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

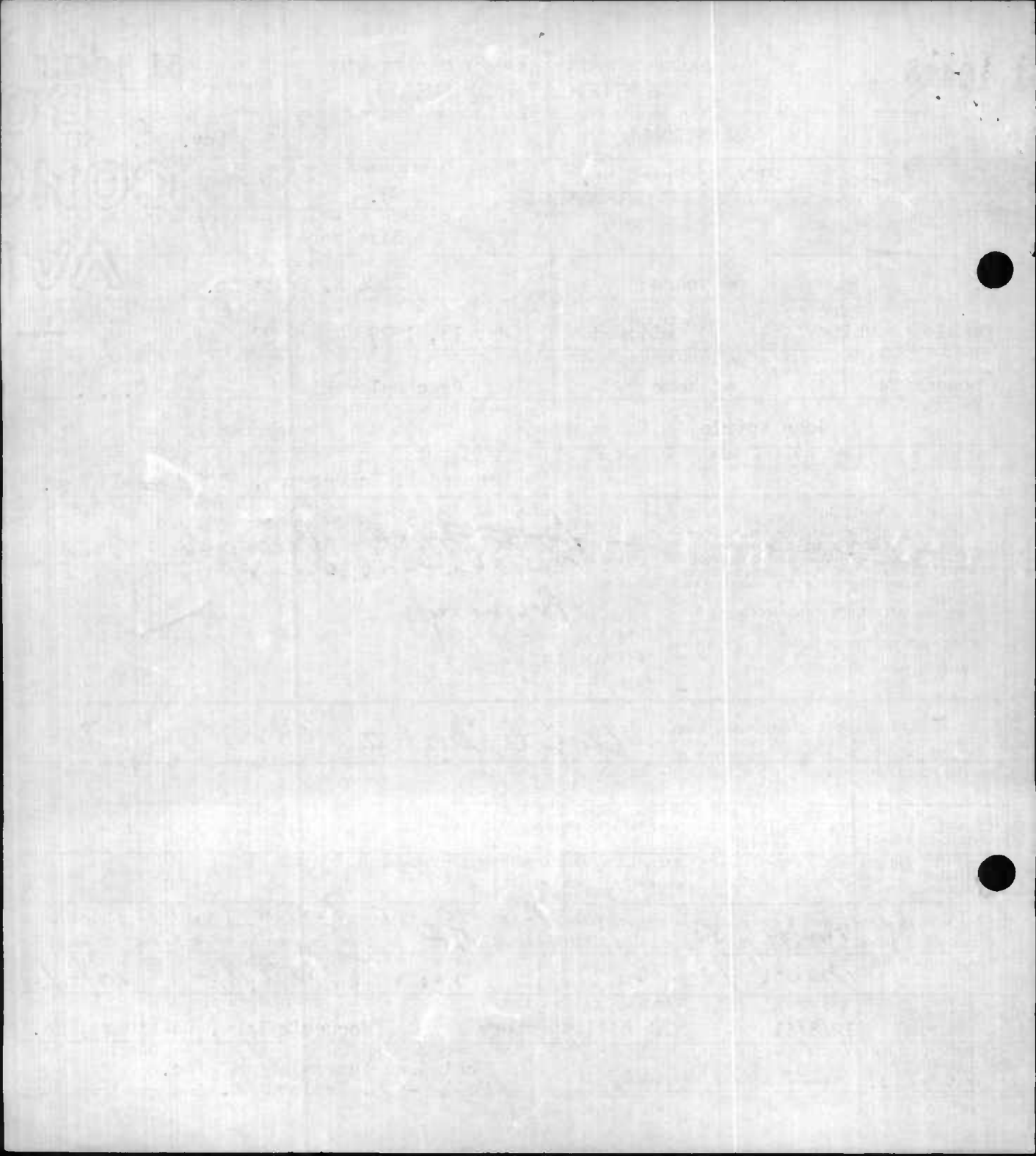
Registered No. 51 10413

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ROSE STROBEL		2. DATE OF DEATH Nov. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2104 E. Pratt St.		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
C. Length of stay in Baltimore 68 years		D. STREET ADDRESS (If rural, give location) 2104 E. Pratt St.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 13, 1879
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 72
13. FATHER'S NAME John Kotrla		11. BIRTHPLACE (State or foreign country) Czechoslovakia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		17. INFORMANT Bernard W. Schuchmann, 6109 Everall Ave.	

19. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Acute Broncho-Pneumonia Myocardial Infarct Primary (B) (C)	INTERVAL BETWEEN ONSET AND DEATH 3 wks. ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov-10, 1951, to Nov. 30, 1951, that I last saw the deceased alive on Nov. 29, 1951, and that death occurred at 7A. m., from the causes and on the date stated above.					
23A. SIGNATURE Dorothy Temple		23B. ADDRESS 2004 E Pratt St. M. D.		23C. DATE SIGNED 12/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/3/51		24C. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE Lester Williams, Jr.		25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	
				24D. LOCATION (City, town, or county) (State) Horner's Lane, Baltimore, Md.	



520
1 10414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10414

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Emil Lunak</i>		2. DATE OF DEATH <i>Dec. 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital (DOH)</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>803 N. Lakewood Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 18, 1898</i>	9. AGE (In years last birthday) <i>53</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Operator</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Baltimore Transit</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Emil Lunak</i>			14. MOTHER'S MAIDEN NAME <i>Mary Barock</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>W. W. 1</i>	17. INFORMANT ADDRESS <i>Elsie Lunak, wife, above</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Disease</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

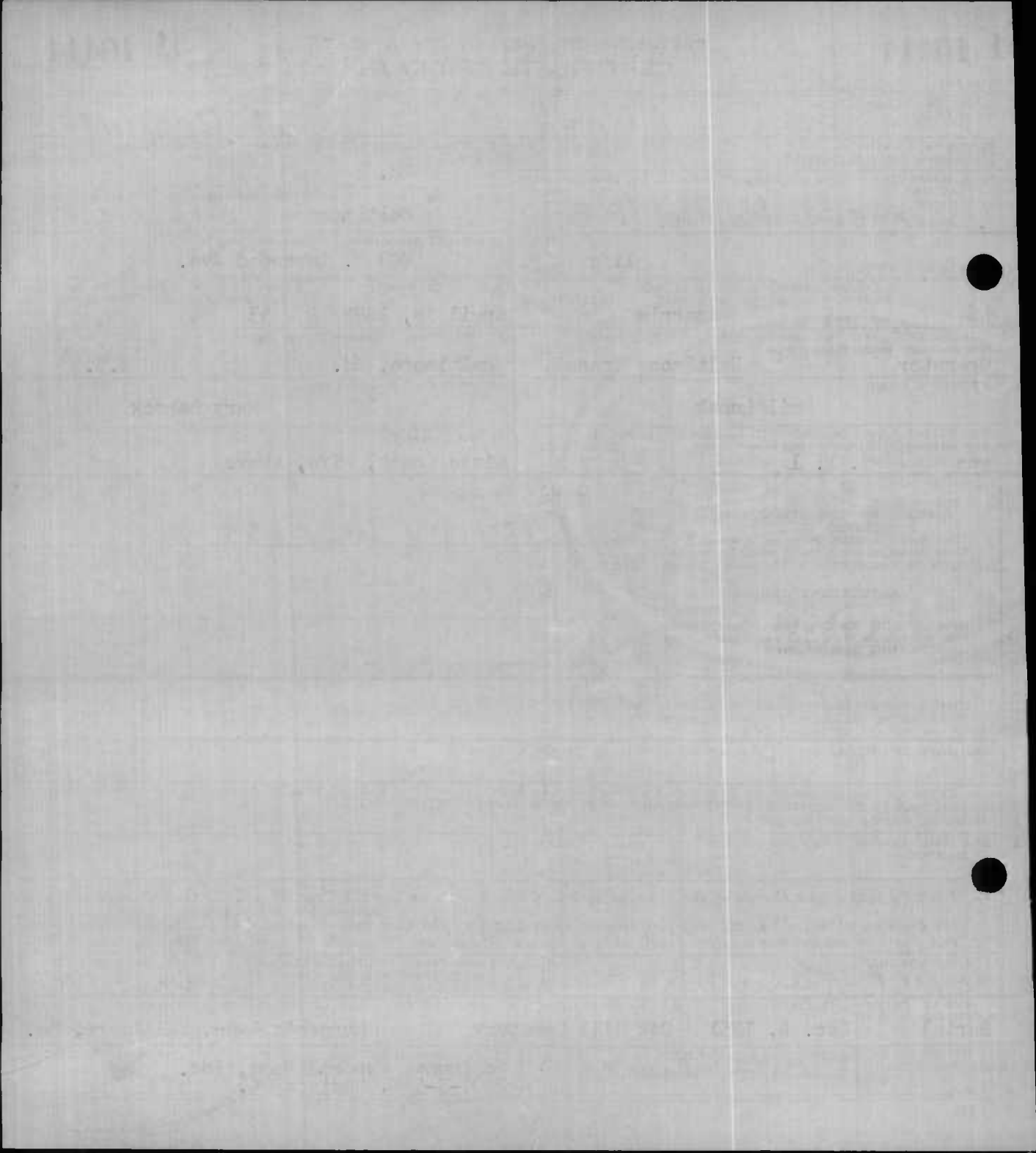
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE <i>Wm. H. Rammer, Jr.</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....	23C. DATE SIGNED <i>Dec. 1, 1951</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 4, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Horner's Lane, Baltimore, Md.</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Rammer, Jr.</i>	25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i> <i>2601-3-5 E. Madison St.</i>	ADDRESS
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661 51
94a ✓



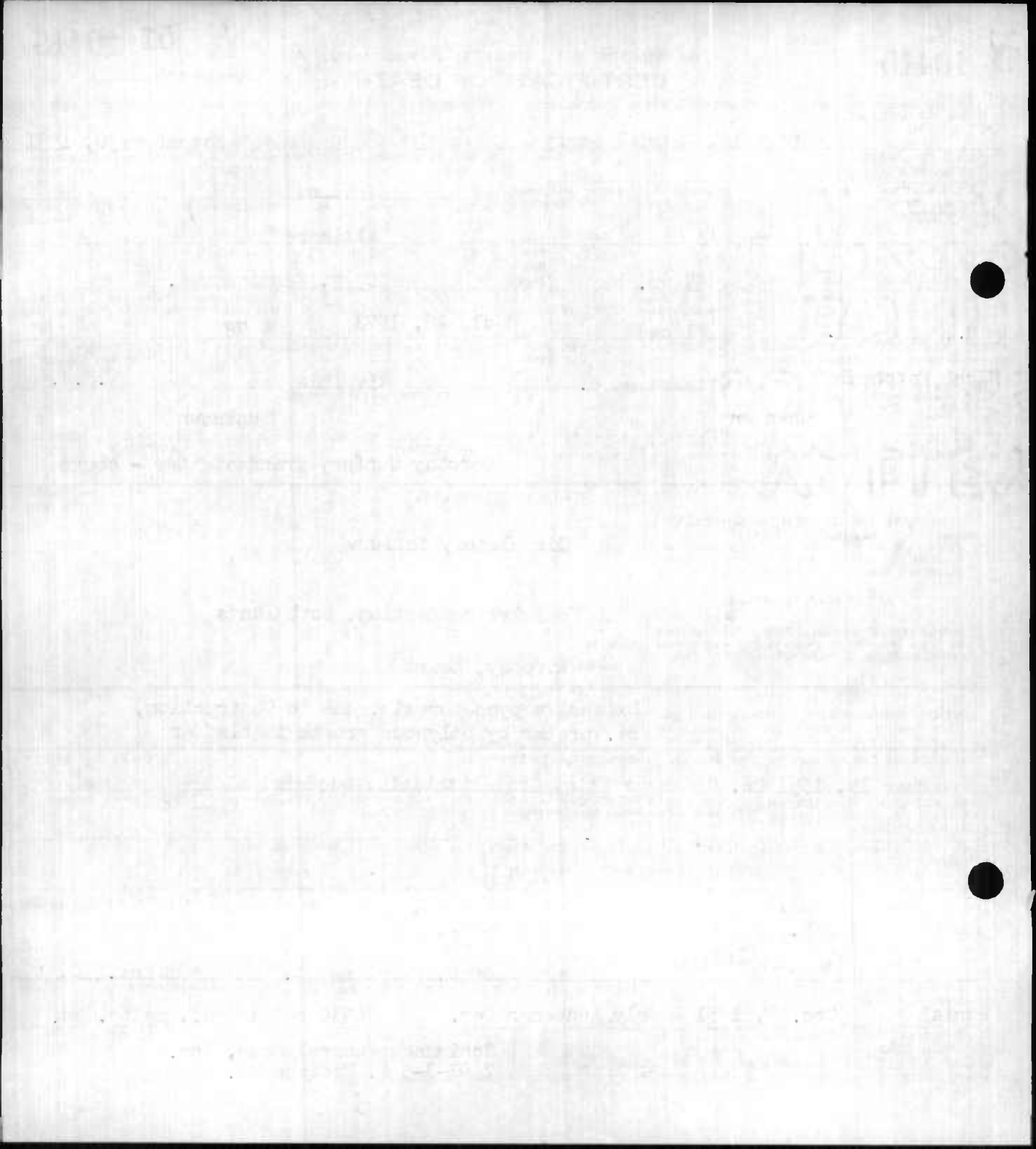
314
51 10415BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10415

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Whitfield, Patrick Henry		2. DATE OF DEATH November 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 503 N. Kenwood Ave.		5. LENGTH OF STAY IN BALTIMORE 55 yr.	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 28, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman		10B. KIND OF BUSINESS OR INDUSTRY Stewart & Co.	9. AGE (In years last birthday) 78
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Dorothy Hupfer, granddaughter - above		ADDRESS	
18. 584 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Circulatory failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Passive congestion, both lungs DUE TO (C) Atrophy, heart			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Extensive pyonephrosis, due to Obstruction, rt. ureter by polypous growth in bladder			
19A. DATE OF OPERATION November 29, 1951		19B. MAJOR FINDINGS OF OPERATION Ch. Cholecystitis, Cholelithiasis; Duodenal ulcer	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from November 26, 1951 to November 30, 1951 , that I last saw the deceased alive on Nov. 30, 1951 and that death occurred at 2:45 pm. , from the causes and on the date stated above.			
23A. SIGNATURE Dr. Hans Nykow		23B. ADDRESS M. D. 1400 N. Caroline St.	
23C. DATE SIGNED Nov. 30, '51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 3, 1951	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.		24D. LOCATION (City, town, or county) (State) 4430 Belair Rd., Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE Montgomery Williams, M.D.	
25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	



620
51 10416

51 10416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

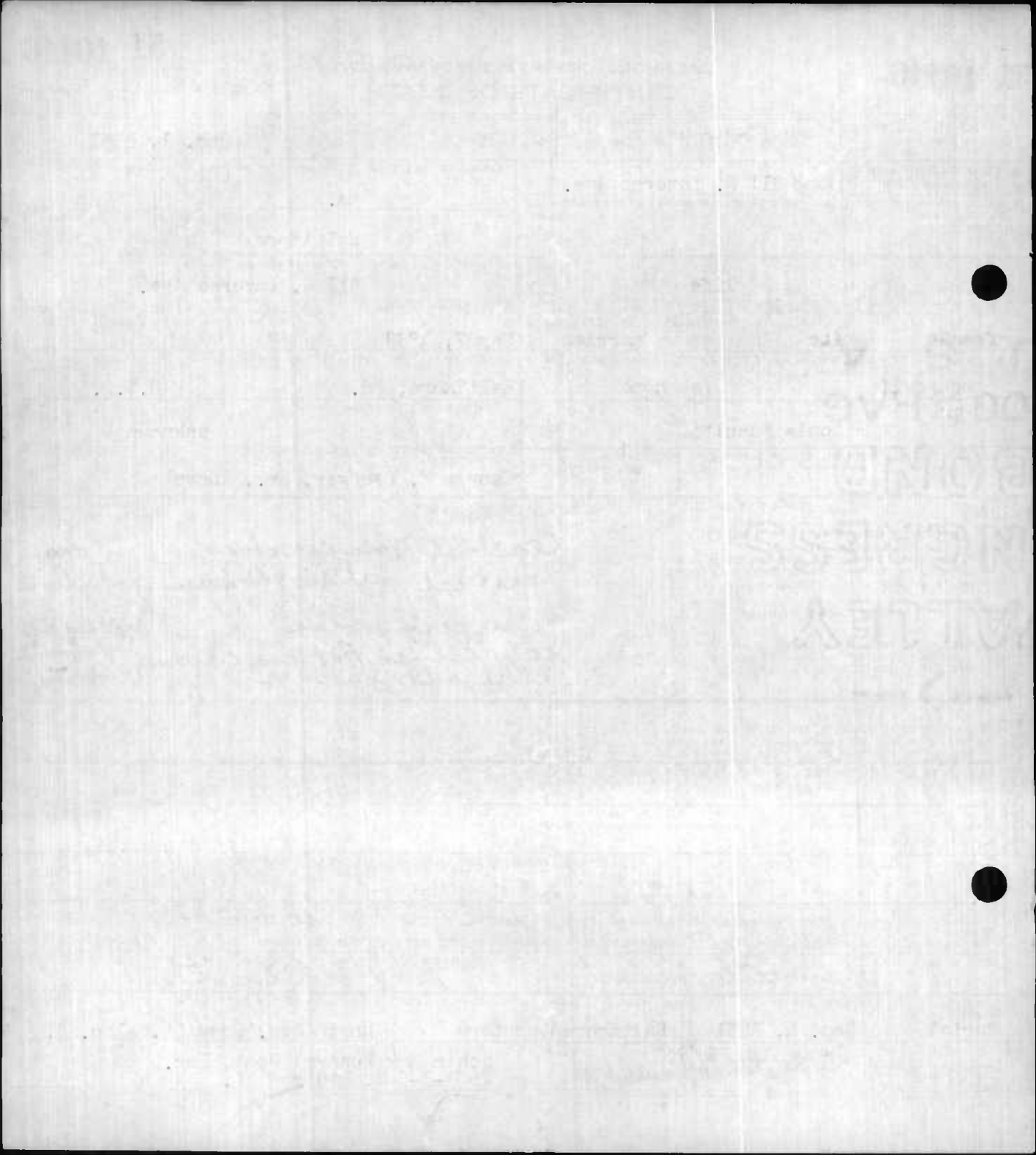
Registered No. _____

1. NAME OF DECEASED (Type or Print) EMMA DOROTHEA (DORA) PEREGOY			2. DATE OF DEATH Dec. 1, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 811 N. Luzerne Ave.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 811 N. Luzerne Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 7, 1883	9. AGE (In years last birthday) 68	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Louis Schultz			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS George W. Peregoy, Sr., Above		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO Cerebral Hemorrhage Cerebral Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 6 days Indefinite
	(B) DUE TO Hypertension Generalized Arteriosclerosis	Indefinite Indefinite
	(C) DUE TO Cardiac Failure	3 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 19 51 , to Nov. 30, 1951 , that I last saw the deceased alive on Nov. 30, 1951 , and that death occurred at 4 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Kenneth Smiley, M.D.		23B. ADDRESS 244 N. Hilton St.		23C. DATE SIGNED 12/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 4, 1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
		24D. LOCATION (City, town, or county) (State) North Ave. & Rose St. Balto. Md.			
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE William H. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	

MEDICAL CERTIFICATION



450
1 10417BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10417
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARMON WALLER

2. DATE
OF
DEATH

Dec 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mbg 1

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

VIRGINIA

Lee

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

St. Charles

V-48

D. STREET ADDRESS (If rural, give location)

Main St

C. Length of stay in Baltimore

2

Yes.
No.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11-18-95

9. AGE (In years

last birthday)

36

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Miner

10B. KIND OF BUSINESS OR INDUSTRY

Coal Bus.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

GEORGE WALLER

14. MOTHER'S MAIDEN NAME

Belle Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 163X 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma, Lung, metastatic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

22. I hereby certify that I attended the deceased from 12-1-51, to 12-2-51, that I last saw the deceased alive on 12-2-51, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John B. Burroughs

M. D.

JOHNS HOPKINS HOSPITAL

12-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

11/5/51

Wallon Cem

St. Charles, Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 3 - 1951

T. W. Williams, Jr.

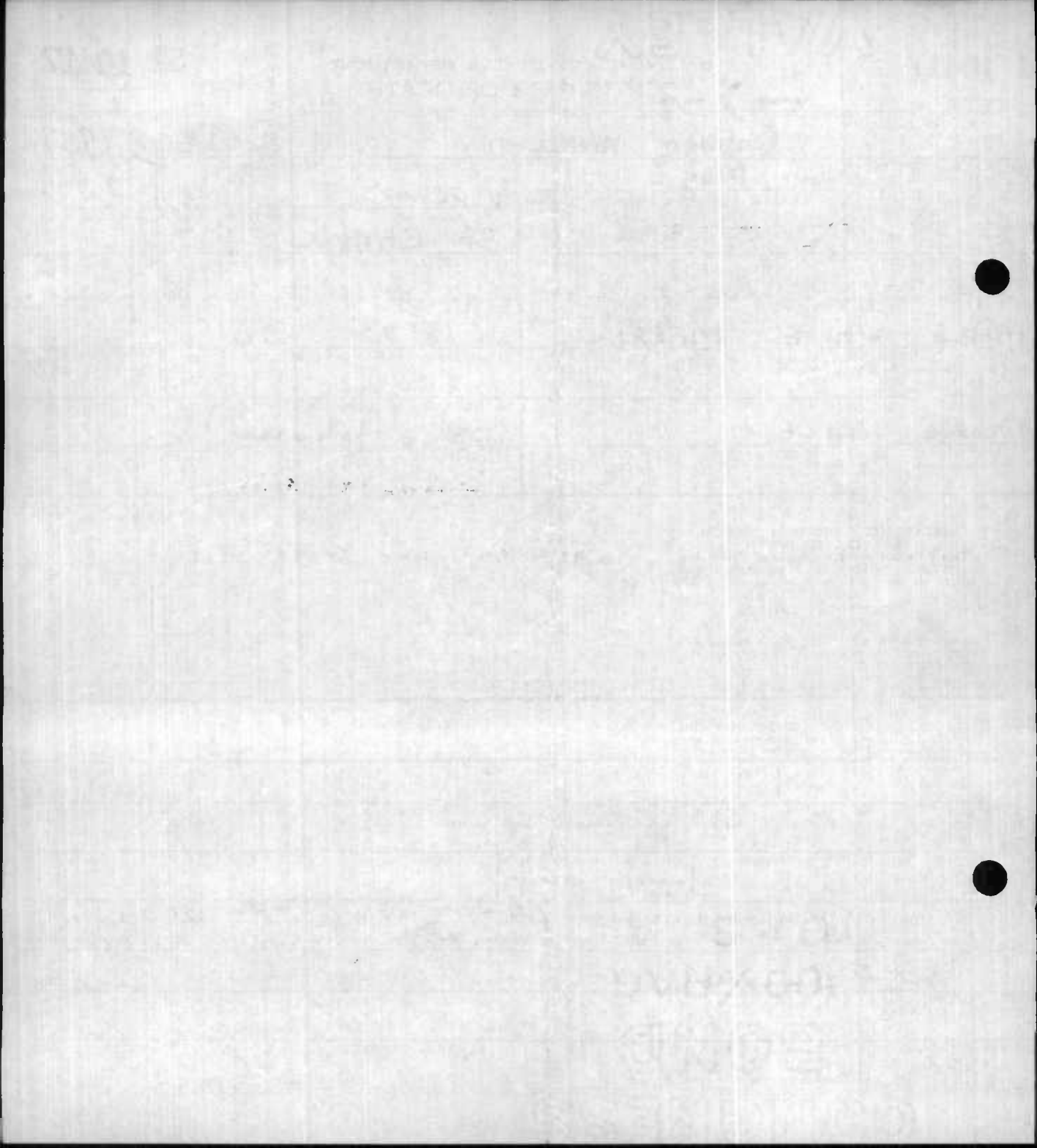
C. W. Copeland, St. Charles, Va.

VS 150

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47 Va.

MEDICAL CERTIFICATION



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51 10418
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10418

1. NAME OF DECEASED (Type or Print) Andrew Donelan		2. DATE OF DEATH 11/30/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mercy.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 10-01	
Length of stay in Baltimore 22 yrs.		D. STREET ADDRESS (If rural, give location) 1115 Brentwood	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Aug 21, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Helper		9. AGE (in years last birthday) 54	
10B. KIND OF BUSINESS OR INDUSTRY City of Balto. Sanitation		11. BIRTHPLACE (State or foreign country) Ireland	
13. FATHER'S NAME John Donelan		14. MOTHER'S MAIDEN NAME Ellen Griffin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Self.		ADDRESS 1115 Brentwood Ave	

CAUSE OF DEATH

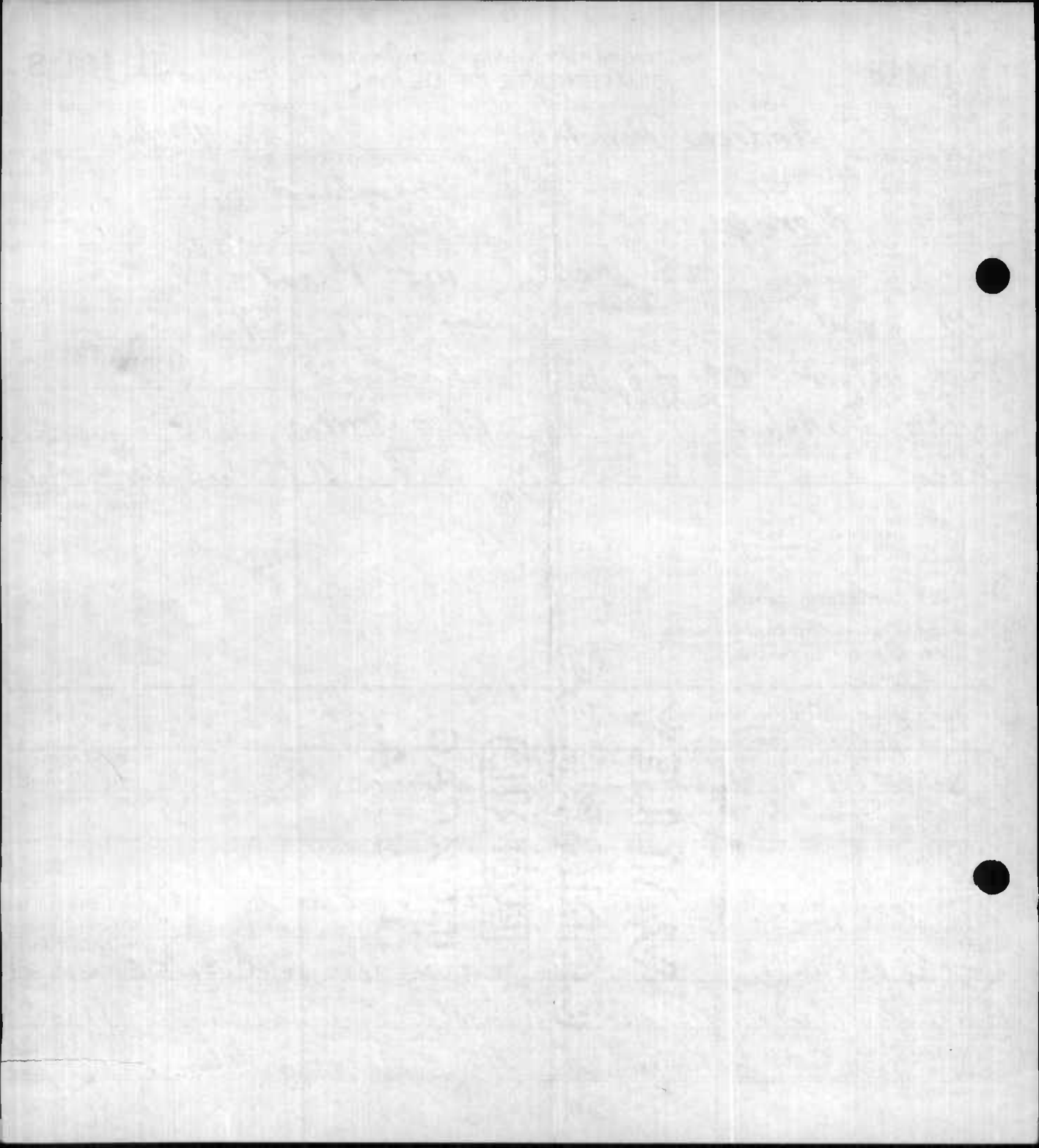
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I 002 X	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 30 Nov. 1951	19B. MAJOR FINDINGS OF OPERATION Pulmonary Tuberculosis - Rt.	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 24**, 19**51**, to **Nov 30**, 19**51**, that I last saw the deceased alive on **Nov 30**, 19**51**, and that death occurred at **1:55** p. m., from the causes and on the date stated above.

23A. SIGNATURE R. A. Williams	23B. ADDRESS Maryland Hospital, Balto	23C. DATE SIGNED 30 Nov. 51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec 4, 1951	24C. NAME OF CEMETERY OR CREMATORY Howe Catholic Cemetery Baltimore Md	24D. LOCATION (City, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951	REGISTRAR'S SIGNATURE Wilmington Williams, Md	25. FUNERAL DIRECTOR Edmund W. Conklin	ADDRESS 924 E. Bay St



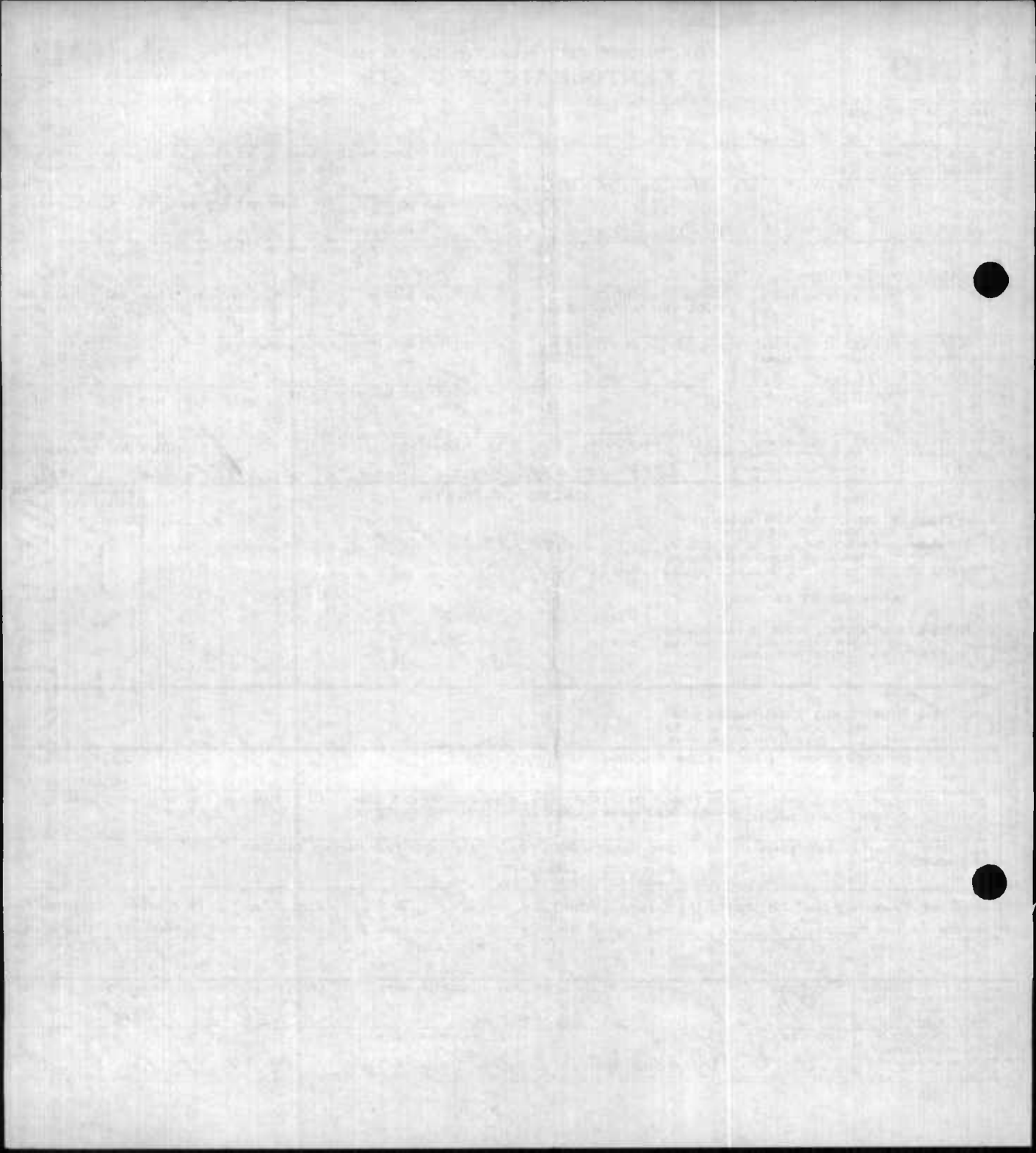
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51 10419
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10419
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Pearce, Samuel S.</i>			2. DATE OF DEATH <i>12/1/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Chesapeake Park, MD.</i>		
D. STREET ADDRESS (If rural, give location) <i>750. Philadelphia Ave</i>			E. LENGTH OF stay in Baltimore Yrs. <i>Life</i> Mos. <i>Life</i> Days <i>Life</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 22, 1892</i>	9. AGE (in years last birthday) <i>58</i>	10. Under 1 Year Months: <i>11</i> Days: <i>9</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>A. Brass & Metal Co.</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Wright Vehicle</i>		
11. BIRTHPLACE (State or foreign country) <i>Balt. MD.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>CASTINGS (M)</i> <i>Pearce, John</i>			14. MOTHER'S MAIDEN NAME <i>Bergen, Miranda</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>218-10-0770</i>		
17. INFORMANT <i>Anna Pearce</i>			ADDRESS <i>7 S. Phila Ave Park</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>myocardial infarction</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Artery Sclerosis</i> <i>Arterio Sclerosis</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 24, 19</i> , to <i>12/1/51, 19</i> , that I last saw the deceased alive on <i>12/1/51, 19</i> , and that death occurred at <i>11:20</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Thos. Williams</i>		23B. ADDRESS <i>Church Home & Hosp.</i>		23C. DATE SIGNED <i>12/1/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/4/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR <i>Wm Cook Inc 1217 St. Paul st.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3 - 1951</i>		REGISTRAR'S SIGNATURE <i>Thos Williams, M.D.</i>			

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 10420**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) COOKE, HOWARD HUNTER			2. DATE OF DEATH 12/1/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE		
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
Length of stay in Baltimore 14 yrs.			D. STREET ADDRESS (If rural, give location) 613 GUTMAN AVE.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/31/1900		9. AGE (In years, last birthday) 50
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST			11. BIRTHPLACE (State or foreign country) PA.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Kenny A. Cooke			14. MOTHER'S MAIDEN NAME Hedy Jane Stambaugh		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes W.W.I.			16. SOCIAL SECURITY NO. 212-09-8027		
17. INFORMANT Ida B. Cooke			ADDRESS 613 Gutman Ave		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) MYOCARDIAL INFARCTION DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12-1-1951**, to **12-1-1951**, that I last saw the deceased alive on **12-1-1951**, and that death occurred at **10:20 pm.**, from the causes and on the date stated above.

23A. SIGNATURE Viagra		23B. ADDRESS St. Josephs Hosp.		23C. DATE SIGNED 12-1-51	
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine		24D. LOCATION (City, town, or county) (State) Balto. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE Wm. Cook Inc.		25. FUNERAL DIRECTOR Wm. Cook Inc.		ADDRESS 1217 St. Paul st.	

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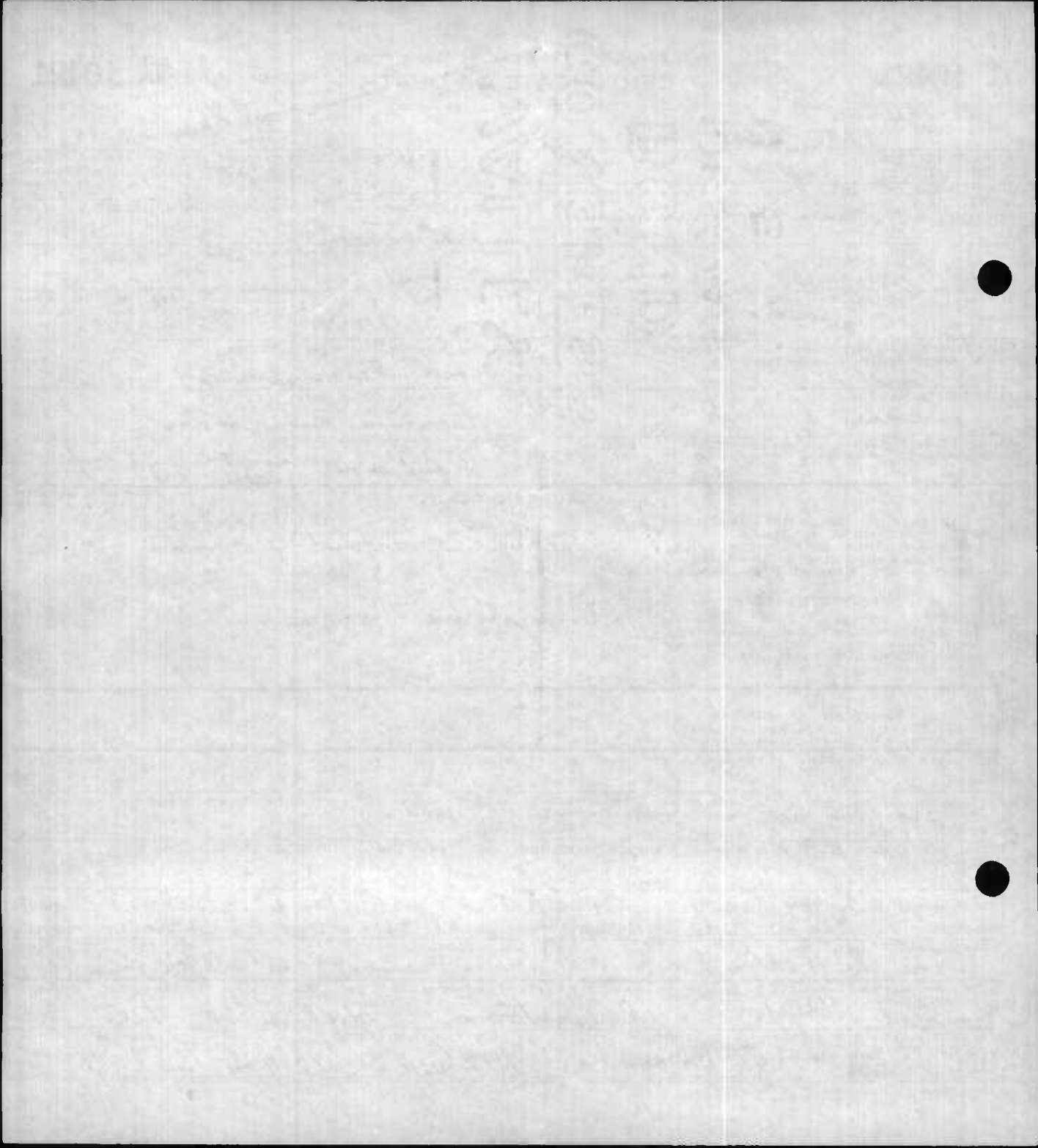
51 10421

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10421

1. NAME OF DECEASED (Type or Print) JANE ELLEN FOLK		2. DATE OF DEATH Dec 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Pennsylvania B. COUNTY V-35	
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Beavertown	
D. STREET ADDRESS (If rural, give location) none		5. LENGTH OF STAY IN BALTIMORE 1 mo. 3 ds.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH June 3, 1951
9. AGE (In years last birthday) 5		10. UNDER 1 Year Months: Days 29	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Jacque A. Folk		14. MOTHER'S MAIDEN NAME Marlene Bingman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital record, Union Memorial Hosp. Balt. Md.		ADDRESS	
18. 744.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Paralysis of respiratory muscles DUE TO (B) Asphyxia Congenita DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 29, 1951 , to Dec 2, 1951 , that I last saw the deceased alive on Dec 2, 1951 , and that death occurred at 3:55 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE Jesse D. Hubbard		23B. ADDRESS Union Memorial Hosp. Balt. Md.	
23C. DATE SIGNED Dec 2, 1951			
24A. BURIAL CREMATION, REMOVAL (Specify) Removal	24B. DATE 12/3/51	24C. NAME OF CEMETERY OR CREMATORY Beavertown	24D. LOCATION (City, town, or county) (State) Mifflin Co. Pa.
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St.		ADDRESS	



620 For approval of The medical
1 10422
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
Registered No. 51 10422

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM TARAS		2. DATE OF DEATH 10/29/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 317 E. Hamburg		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE md B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-035		D. STREET ADDRESS (If rural, give location) 317 E. Hamburg St	
Length of stay in Baltimore 40 yrs.		Yrs. 40 Mos. 40 Days 40		5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Stevard		8. DATE OF BIRTH Not know 9. AGE (In years; last birthday) 65 11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.	
11. BIRTHPLACE (State or foreign country) Russian		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Taras		14. MOTHER'S MAIDEN NAME Not know			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 212-01-8981		17. INFORMANT ADDRESS Mrs. Maria Taras 317 E. Hamburg	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 5 yrs.	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		CERTIFICATION APPROVED BY Stanley H. Deneen M. D. CHIEF OR ASST. MEDICAL EXAMINER.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Announced The deceased	
22. I hereby certify that I attended the deceased from 12 Nov. 1951 to 10/29/51 , 19__, that I last saw the deceased alive on 12 Nov. 1951 , and that death occurred at 107 E. West St. on the date stated above.					
23A. SIGNATURE J. S. Sullivan M.D.		23B. ADDRESS 107 E. West St.		23C. DATE SIGNED 11/1/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Dec-3-51		24C. NAME OF CEMETERY OR CREMATORY Holy Trinity Russian	
24D. LOCATION (City, town, or county) (State) Calbridge Md		24E. FUNERAL DIRECTOR J. A. Grebliauskas		24F. ADDRESS 1905 E. Pratt St	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE William H. ...			

MEDICAL CERTIFICATION

RECEIVED
JAN 10 1950

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10423BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10423

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ella Williams		2. DATE OF DEATH 12/2/57	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write R.U.R.A. and give township) Balto.	
Length of stay in Baltimore 21 <small>Days</small>		D. STREET ADDRESS (If rural, give location) 1913 North Ave. W.	
5. SEX Fe	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5/6/1907
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9. AGE (In years last birthday) 44	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Charlottesville, Va.	
13. FATHER'S NAME STEVEN FIELDS		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Alice Roseborough		ADDRESS 1913 W. North Ave.	

CAUSE OF DEATH

18. **4341 I**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) _____
DUE TO**Uremia**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO**Chr. Congestive Heart Failure**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) _____

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-9 , 19 57 , to 12-2 , 19 57 , that I last saw the deceased alive on 12-2 , 19 57 , and that death occurred at 9:30 A m., from the causes and on the date stated above.					
23A. SIGNATURE g oniondski		23B. ADDRESS Provident Hospital		23C. DATE SIGNED 12.2.57	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Dec. 4, 1957		24C. NAME OF CEMETERY OR CREMATORY Charlottesville, VA.	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR John O. Mitchell Sons		24F. ADDRESS 1900 Eutaw Place	

DATE RECEIVED BY
LOCAL REGISTRAR
DEC 3 - 1957

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

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51 10424BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10424
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNIE H. BROWN		2. DATE OF DEATH Nov. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 27 N. Carey St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-02	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1128 N. Stricker St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 29, 1888
9. AGE (In years last birthday) 62		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Richard Coleman		14. MOTHER'S MAIDEN NAME Clarisu Gray	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Alphonso Warrington		ADDRESS	

18. 170X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of breast DUE TO (B) unknown DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH one year
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-1-1950, to 11-30-1951, that I last saw the deceased alive on 11-29-1951, and that death occurred at 2:25 Pm., from the causes and on the date stated above.

23A. SIGNATURE Frank A. Saunders M. D.	23B. ADDRESS 1029 N. Stricker St.	23C. DATE SIGNED 12-1-51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-4-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mrs. James J. Henoley	ADDRESS 578 W. Middle St.
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1



-600
51 10425BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10425

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Hannah Belle Moore</i>		2. DATE OF DEATH <i>Nov. 29, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>before admission</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Korident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1215 W. Caroline St.</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>Col.</i>	9. DATE OF BIRTH <i>Nov. 26, 1879</i>	10. AGE (In years last birthday) <i>72</i>
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		12. Under 1 Year Months: Days Hours: Min.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		14. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
15. KIND OF BUSINESS OR INDUSTRY		16. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
17. FATHER'S NAME <i>Charles Williams</i>		18. MOTHER'S MAIDEN NAME <i>Mamie Mack</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		20. SOCIAL SECURITY NO. <i>None</i>	
21. ADDRESS <i>1215 W. Caroline St.</i>		22. ADDRESS <i>1215 W. Caroline St.</i>	

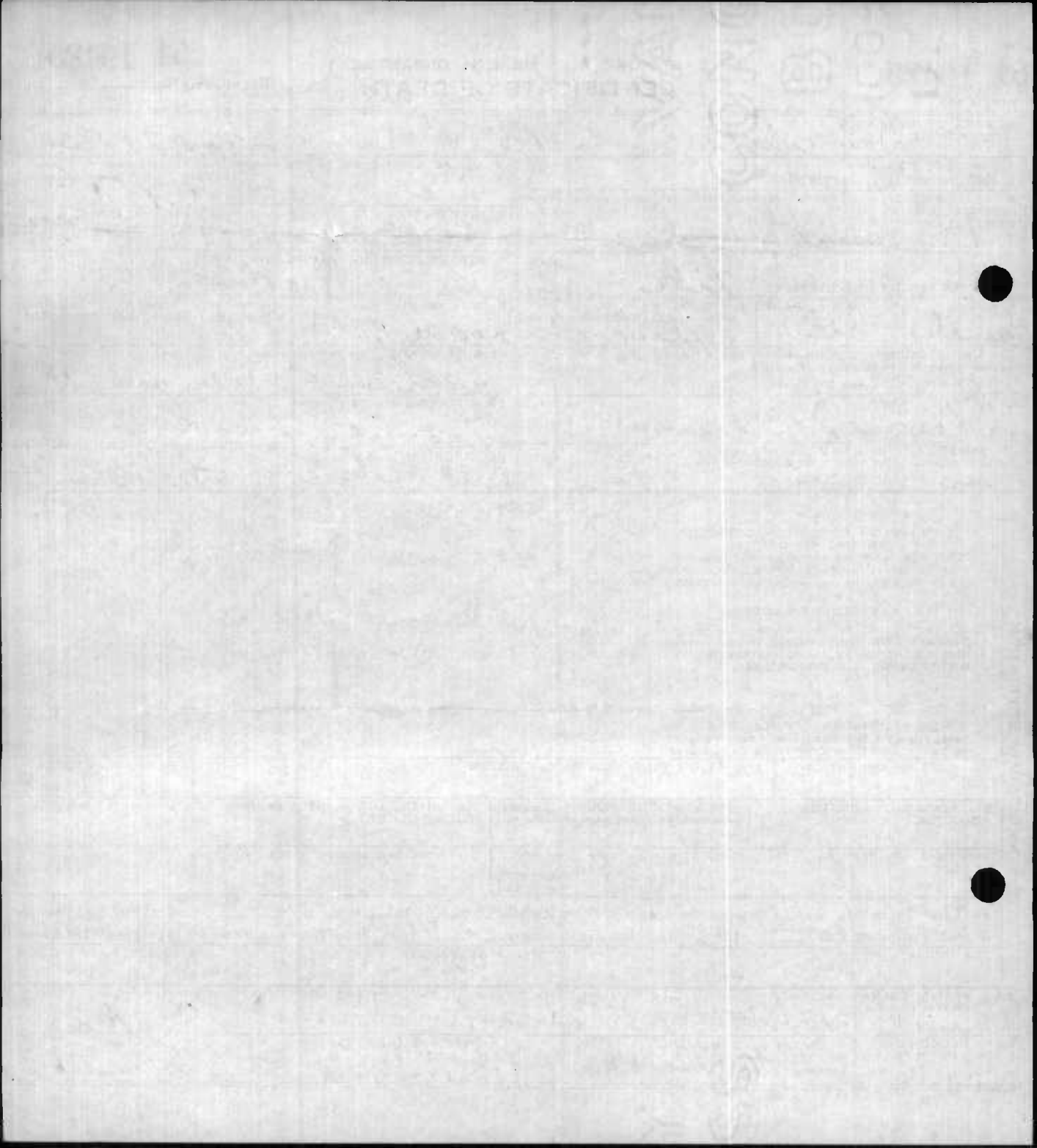
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Hemorrhage</i>	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertensive Cordis Vascular Disease?</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 25, 1951</i> to <i>Nov 29, 1951</i> , that I last saw the deceased alive on <i>Nov 29, 1951</i> , and that death occurred at <i>8 p. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. K. Adams</i>		23B. ADDRESS <i>1244 W. Caroline</i>		23C. DATE SIGNED <i>11-30-51</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12/3/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>		24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>	
25. DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3 - 1951</i>		26. REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>		27. FUNERAL DIRECTOR <i>Robert H. Young</i>		28. ADDRESS <i>1532 E. Monument St.</i>	

VS 150

931



250
51 10426BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10426

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH B Gossom

2. DATE
OF
DEATH

November 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2908 Walbrook Avenue

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

10/3/18880

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Plumber

10B. KIND OF BUSINESS OR
INDUSTRY

J. Crook & CO

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas E. Gossom

14. MOTHER'S MAIDEN NAME

Marion Gossom

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

218-05-6994

17. INFORMANT

Catherine Bartholomee

604 Myers D.
Catoxville

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

METS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary occlusion

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. [Signature]

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
M.D. MEDICAL INVESTIGATOR.....☐23C. DATE SIGNED
Dec. 1, 195124A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12/4/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

DEC 3 - 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

John. T. Stansbury 2700 Edmondson

VS 151

574 24

930

541
1 10427BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10427
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE WILLIAM SCHAUMLOEFFEL		2. DATE OF DEATH Nov 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location) The Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18	
D. STREET ADDRESS (If rural, give location) 2119 N. Calvert St.			
5. SEX male		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH Nov 19, 1908	
9. AGE (in years last birthday) 43		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George M. Schaumloeffel		14. MOTHER'S MAIDEN NAME Theresa Schnitzler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital Record, Union Memorial Hosp. Balto. Md.		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Stroke Cerebrovascular DUE TO marked pulmonary edema ANTECEDENT CAUSES due to Thermal Burns 3° 2° 10° (50% body surface) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. marked marked thermal injury OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. primarily on basis of inhaled fumes. INTERVAL BETWEEN ONSET AND DEATH 53 hrs			
19A. DATE OF OPERATION Nov 28/51			
19B. MAJOR FINDINGS OF OPERATION Burn dressings applied			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2119 N. Calvert St. Balto. 18		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Nov 28, 1951 about 8:45 P.M.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Bed caught fire while smoking in bed	
22. I hereby certify that I attended the deceased from Nov 28 , 1951, to Nov 30 , 1951, that I last saw the deceased alive on Nov 30 , 1951, and that death occurred at 2:00 P.M. , from the causes and on the date stated above.			
23A. SIGNATURE J. M. Amelcer		23B. ADDRESS Union Memorial Hosp.	
23C. DATE SIGNED 11/30/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/4/51	
24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL		24D. LOCATION (City, town, or county) (State) FREDERICK RD	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE John F. Denmy, Inc	
25. FUNERAL DIRECTOR JOHN F. DENMY, INC		ADDRESS 715 LIGHT ST.	

VERO 13

VERO 13



200
51 10428

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10428
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Buck

2. DATE
OF
DEATH

12-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

52 yrs

5. SEX

male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1073 W. Lexington St.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Gen

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Laurie Buck

14. MOTHER'S MAIDEN NAME

Susan Cross

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mathie Buck 607 Bona ave.

18. 541.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subtotal gastrectomy - Duodenal Ulcer 7 days

DUE TO

(C) Duodenal ulcer - Erosion of liver

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-18-51

19B. MAJOR FINDINGS OF OPERATION

Duodenal ulcer with erosion of liver

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/13, 1951, to 12-1, 1951, that I last saw the deceased alive on 12-1, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

AD Richardson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

12-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-8-1951

24C. NAME OF CEMETERY OR CREMATORY

Glend Creek Cemetery Calvert County Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

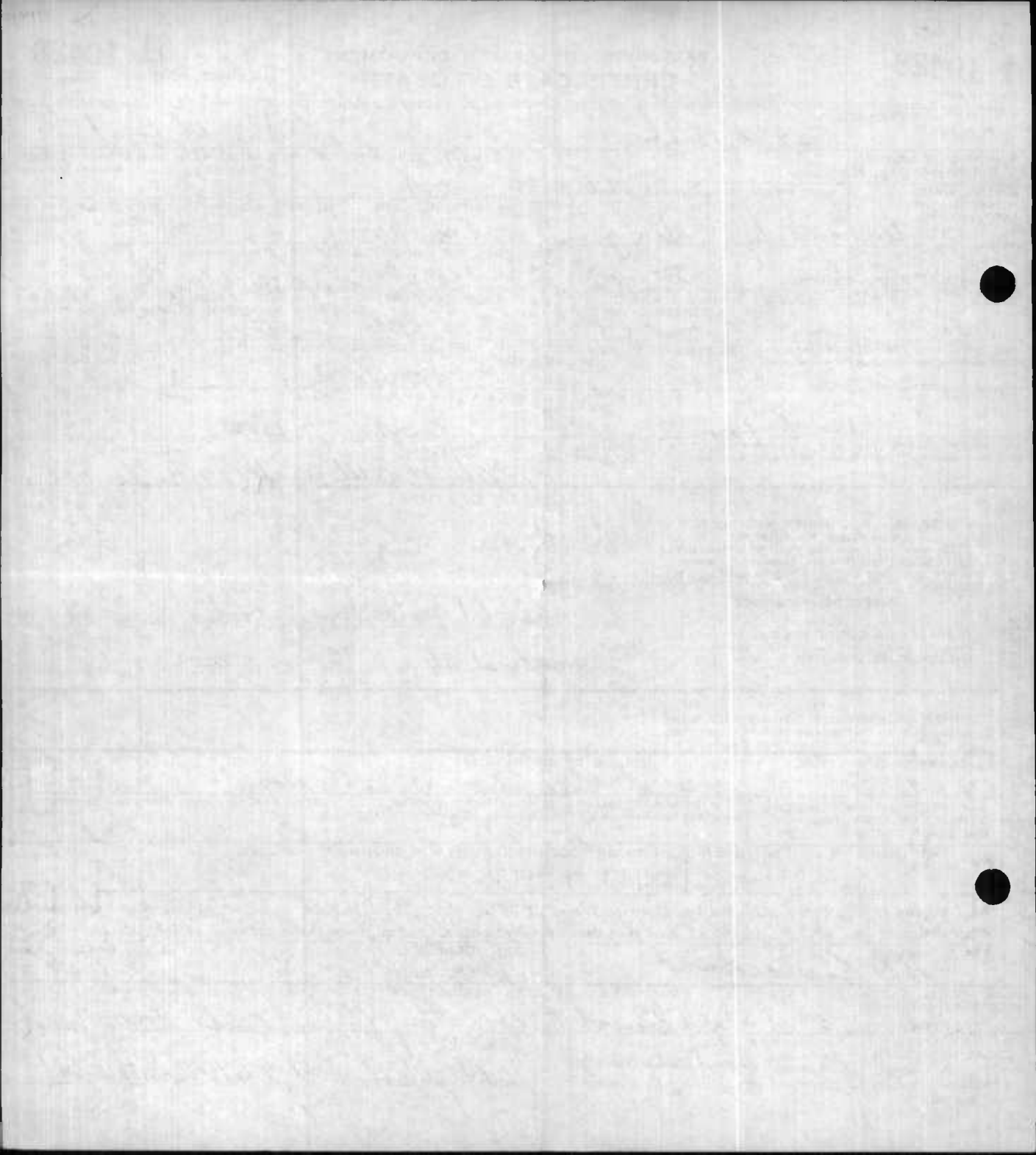
Joseph A. Sully 661 W. Bona St

VS 150

97099

117B

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 1/14/52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

ES

51 10429

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) NETTIE A. HURTT		2. DATE OF DEATH Nov 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL-4		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
D. STREET ADDRESS (If rural, give location) 1514 E. BIDDLE ST.			
5. SEX FEMALE		6. COLOR OR RACE COLORED	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 9-3-27	
9. AGE (in years, last birthday) 24		10. UNDER 1 Year Months: Days: _____	
11. UNDER 24 Hours Hours: Min. _____		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurses aid		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Taylor Hurtt		14. MOTHER'S MAIDEN NAME Nettie Wilson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 456 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Synerg erythematosa		INTERVAL BETWEEN ONSET AND DEATH ?
(A) DUE TO disseminated		
(B) DUE TO		
C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **10-19-** 1951, to **11-30-** 1951, that I last saw the deceased alive on **11-30-** 1951, and that death occurred at **8:32 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE E. S. Wing Jr		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 12-1-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY Int. Calvary Cem.	
24D. LOCATION (City, town, or county) (State) A. A. County Md					

DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE William H. Williams		FUNERAL DIRECTOR Mrs Robert A. Elliott & Dph	
ADDRESS					

VS 150

730 8T

1129 N. Caroline ST, 53

MEDICAL CERTIFICATION

See Document File 51-10429

1 14/52 ES

430
51 10430

CERTIFICATE CORRECTED 12-28-51

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

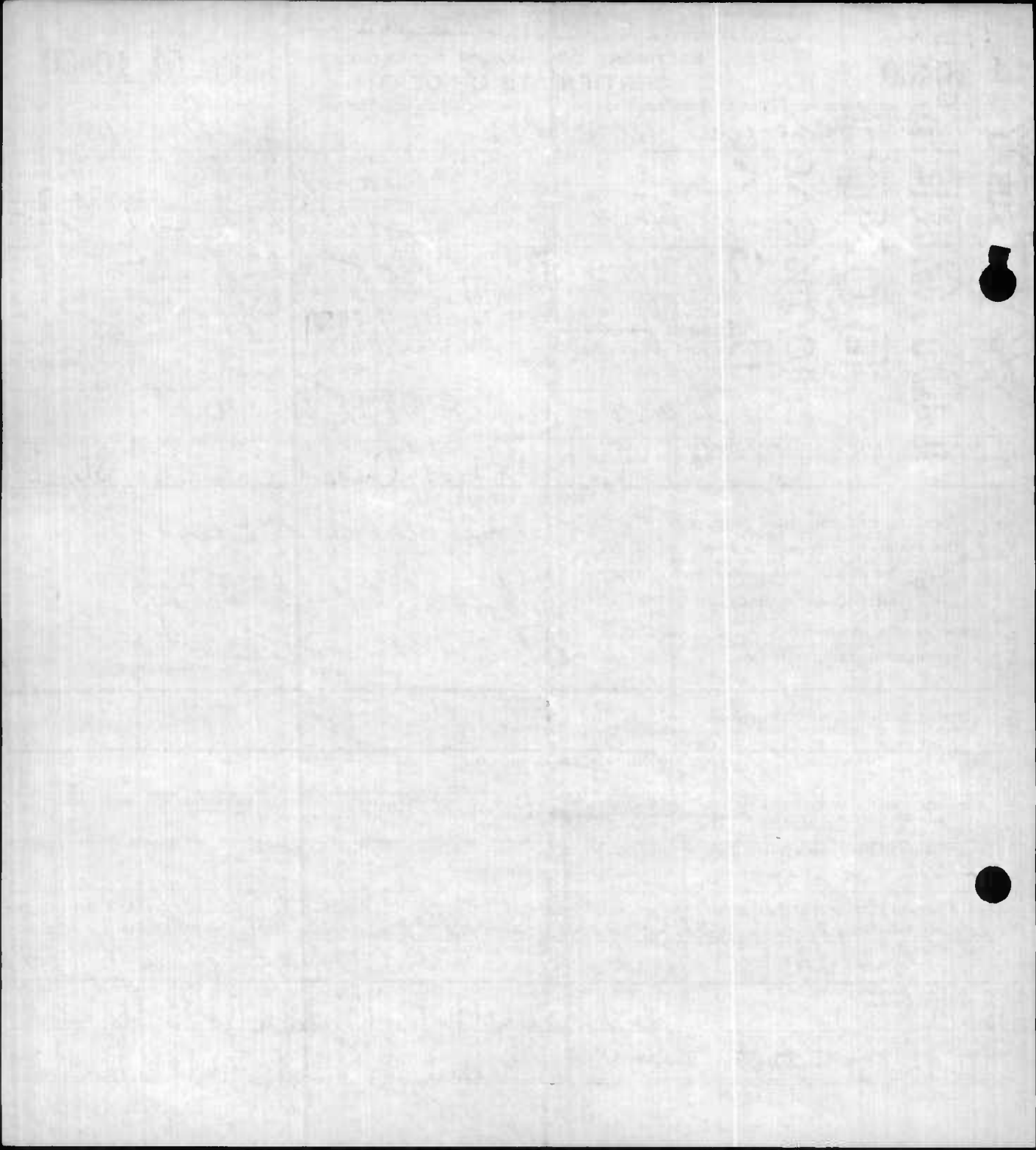
Registered No. 51 10430

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Frederick W.elde</i>		2. DATE OF DEATH <i>Dec 1/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-03</i>			
Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>4605 Hampnett</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 7 1899</i>	9. AGE (in years last birthday) <i>52</i>	10. Under 1 Year Months: <i>6</i> Days: <i>23</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Railroad worker</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>William W.elde.</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Weber.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Mr. George R. Baker</i>	
				ADDRESS <i>17 E. Saratoga Street</i>	

18. <i>4221</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Cerebral Anoxia + Edema</i>	
ANTECEDENT CAUSES	(B) <i>Cerebrovascular Hemorrhage</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Art. Card. Vasc. Disease.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Chronic Bronchitis</i>		

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/26</i> , 19 <i>51</i> , to <i>12/1</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/1</i> , 19 <i>51</i> , and that death occurred at <i>9:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Frank T. Larik</i>		23B. ADDRESS <i>4605 Hampnett Ave</i>		23C. DATE SIGNED <i>12/1/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12 1907</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Frederick Rd Balto Md</i>		25. FUNERAL DIRECTOR <i>Albert L. Dilly Jr</i>		ADDRESS <i>4642 Belair Road</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 3 - 1951</i>		REGISTRAR'S SIGNATURE <i>W. H. Williams, M.D.</i>			

VS 150
69050
93D



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10431
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Glover Carter</i>		2. DATE OF DEATH <i>Dec. 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1323 N. Carey St.</i>		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <i>Baltimore 15-01</i>	
D. STREET ADDRESS (If rural, give location) <i>1323 N. Carey St.</i>		E. LENGTH OF STAY IN BALTIMORE <i>61 yrs.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Sept. 11, 1880</i>
9. AGE (In years, last birthday) <i>61</i>		10. UNDER 1 Year: Months: Days	
11. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Elmer Glover</i>		14. MOTHER'S MAIDEN NAME <i>Adelaide Crispin</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Ruth Sillard</i>		ADDRESS <i>707 Baker St.</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>002 X and 760 X</i>	CAUSE OF DEATH (A) <i>Pulmonary Tuberculosis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Diabetes Mellitus</i> DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 1, 1949* to *Dec. 1, 1951*, that I last saw the deceased alive on *Dec. 1, 1951*, and that death occurred at *90* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Reginald W. Beckman, M.D.</i>	23B. ADDRESS <i>1631 Druid Hill Ave.</i>	23C. DATE SIGNED <i>12/3/51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Dec. 5, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	24E. FUNERAL DIRECTOR <i>Wallace Funeral Home</i>	24F. ADDRESS <i>1631 Druid Hill Ave.</i>

DATE RECEIVED BY LOCAL REGISTRAR
DEC 3 1951

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR
Wallace Funeral Home

Dec 1 1891

15

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240
51 10432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10432
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sandra Louise Woosley

2. DATE

OF

DEATH

December 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3640 Ash Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3640 Ash Street

Length of stay in Baltimore

3 years

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Feb. 12, 1948

9. AGE (in years last birthday)

3

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Indiana

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Maynard Francis Woosley

14. MOTHER'S MAIDEN NAME

Bettie Collette

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Maynard F. Woosley 3640 Ash Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Broncho pneumonia

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Spastic

3 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1949 to 12/1, 1951, that I last saw the deceased alive on 12/1, 1951, and that death occurred at 10:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edward A. Halline

M. D.

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

12/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 4, 1951

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

87E

Dr. Ludwig M. Kallmeier
1847 St. Mary's
3813 Woodstock Road
La. 4871
La. 4798

553
51 10433
BIRTH NO.

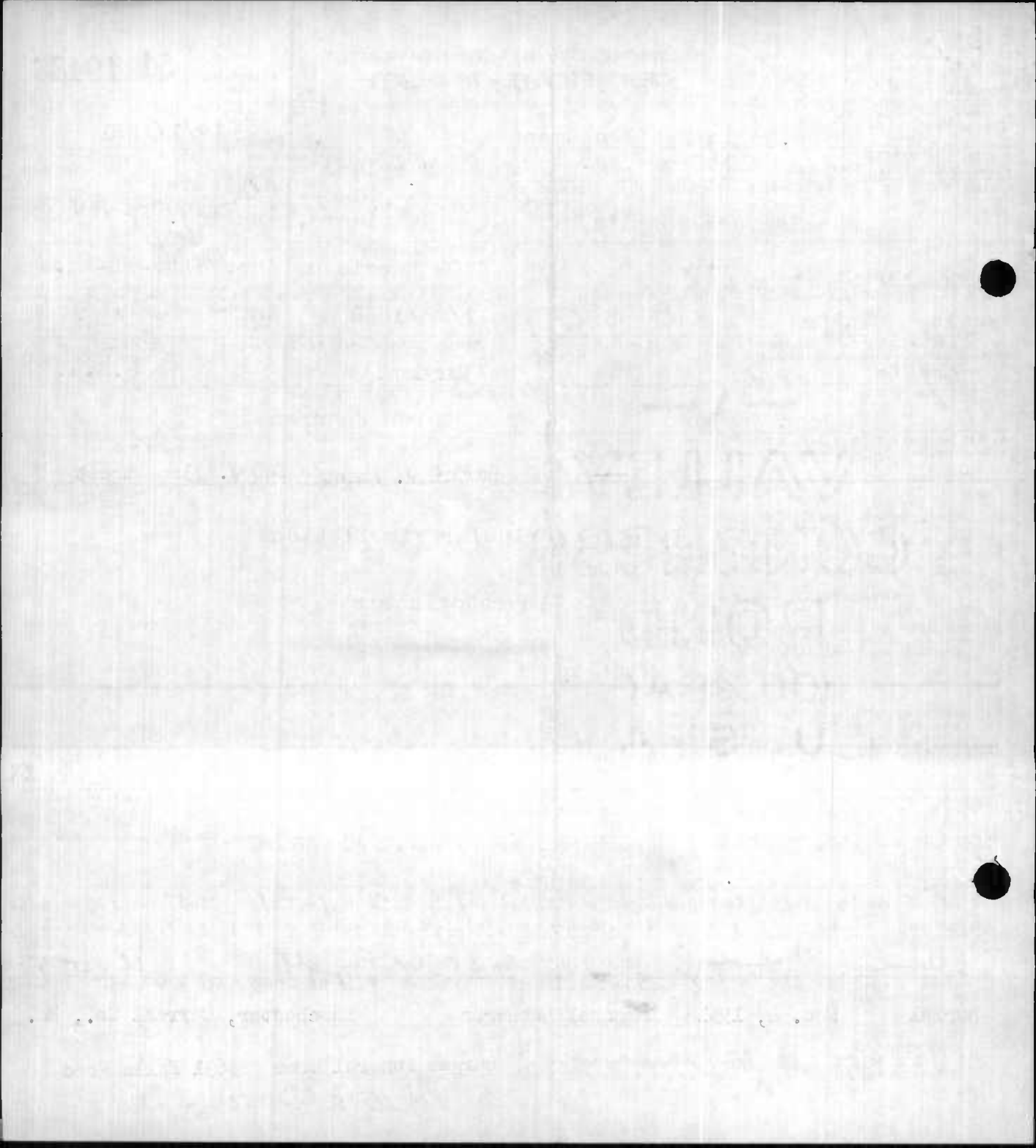
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10433

1. NAME OF DECEASED (Type or Print) Mrs. Annie Matilda Ament		2. DATE OF DEATH 12/1/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore, Maryland	
D. STREET ADDRESS (If rural, give location) 5608 Narcissus Ave, Balto-15-Md.		E. LENGTH OF STAY IN BALTIMORE Life	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/23/1868
9. AGE (In years last birthday) 82		10. UNDER 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Naylor		14. MOTHER'S MAIDEN NAME Sarah Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Edward J. Ament		ADDRESS 840 W. 33rd Street	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Auricular Fibrillation DUE TO ANTECEDENT CAUSES Thyrotoxicosis DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-14, 1951, to 12-1, 1951, that I last saw the deceased alive on 12-1, 1951, and that death occurred at 3:40 A.M., from the causes and on the date stated above.			
23A. SIGNATURE J. M. D. Munday		23B. ADDRESS 2025 W. Fayette	
23C. DATE SIGNED 12-1-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 4, 1951	
24C. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran		24D. LOCATION (City, town, or county) (State) Manchester, Carroll Co., Md.	
25. FUNERAL DIRECTOR Burgee Funeral Home		ADDRESS 3631 Falls Road	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE Huntington Williams	

Horace F. Burgee

6313



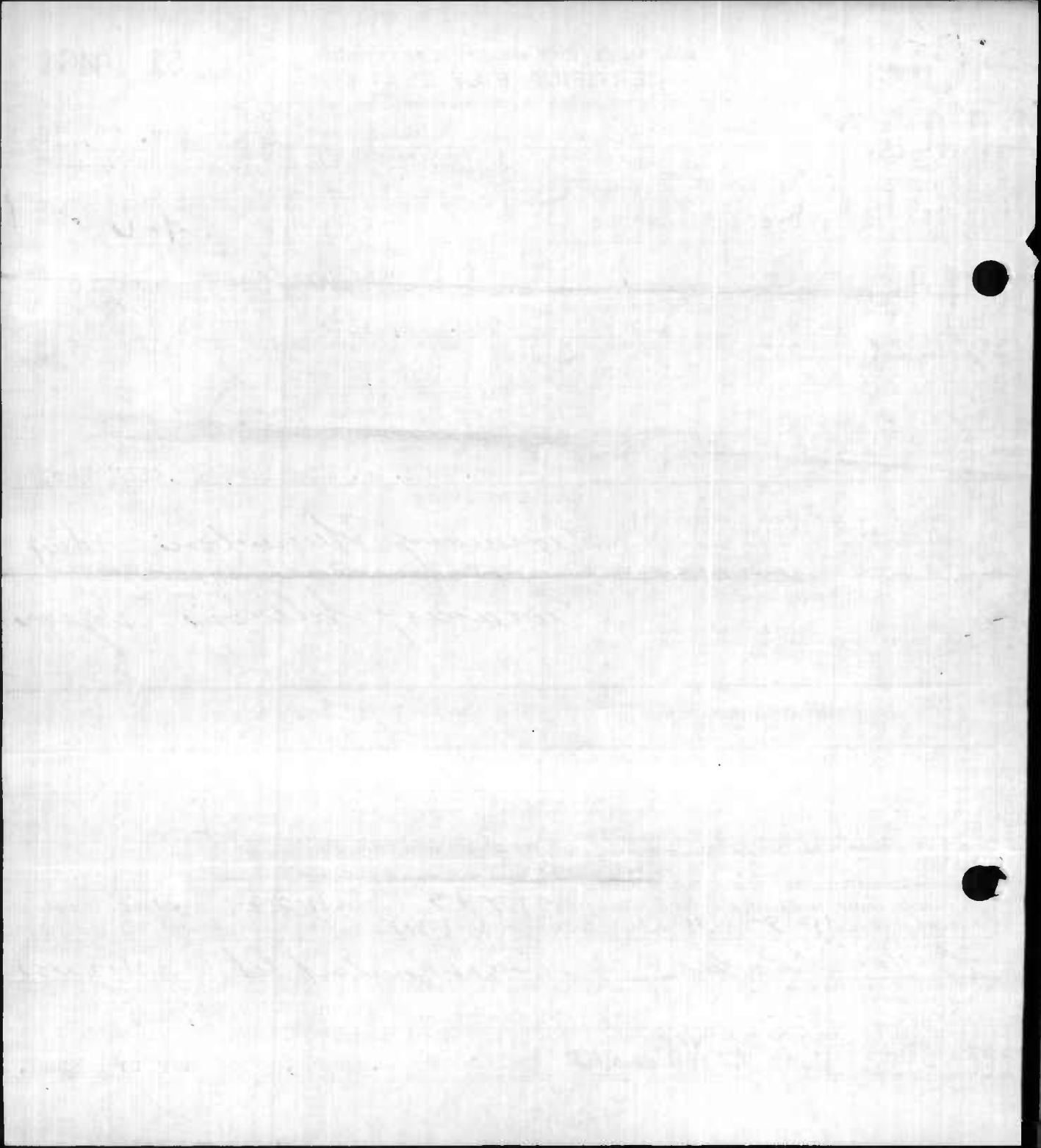
**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10434**

460
51 10434
BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Koehler		2. DATE OF DEATH Nov. 29, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2919 Overland Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		E. STREET ADDRESS (If rural, give location) 2919 Overland Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 24, 1873
9. AGE (In years last birthday) 77		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Butcher	
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ? Koehler		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Geo. F. Koehler, Jr.		ADDRESS 4537 Harford	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 42011 Courtesy Thrombosis DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Courtesy Thrombosis DUE TO (C)		2 years	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) OF INJURY		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from 1943 , 19 to 11-29- , 1951, that I last saw the deceased alive on 11-5- , 1951, and that death occurred at 1:30 PM. , from the causes and on the date stated above.			
23A. SIGNATURE C. W. Reel		23B. ADDRESS M. D. 4508 Harford Rd	
23C. DATE SIGNED 11-30-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12-1-51	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
25. FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Road.	

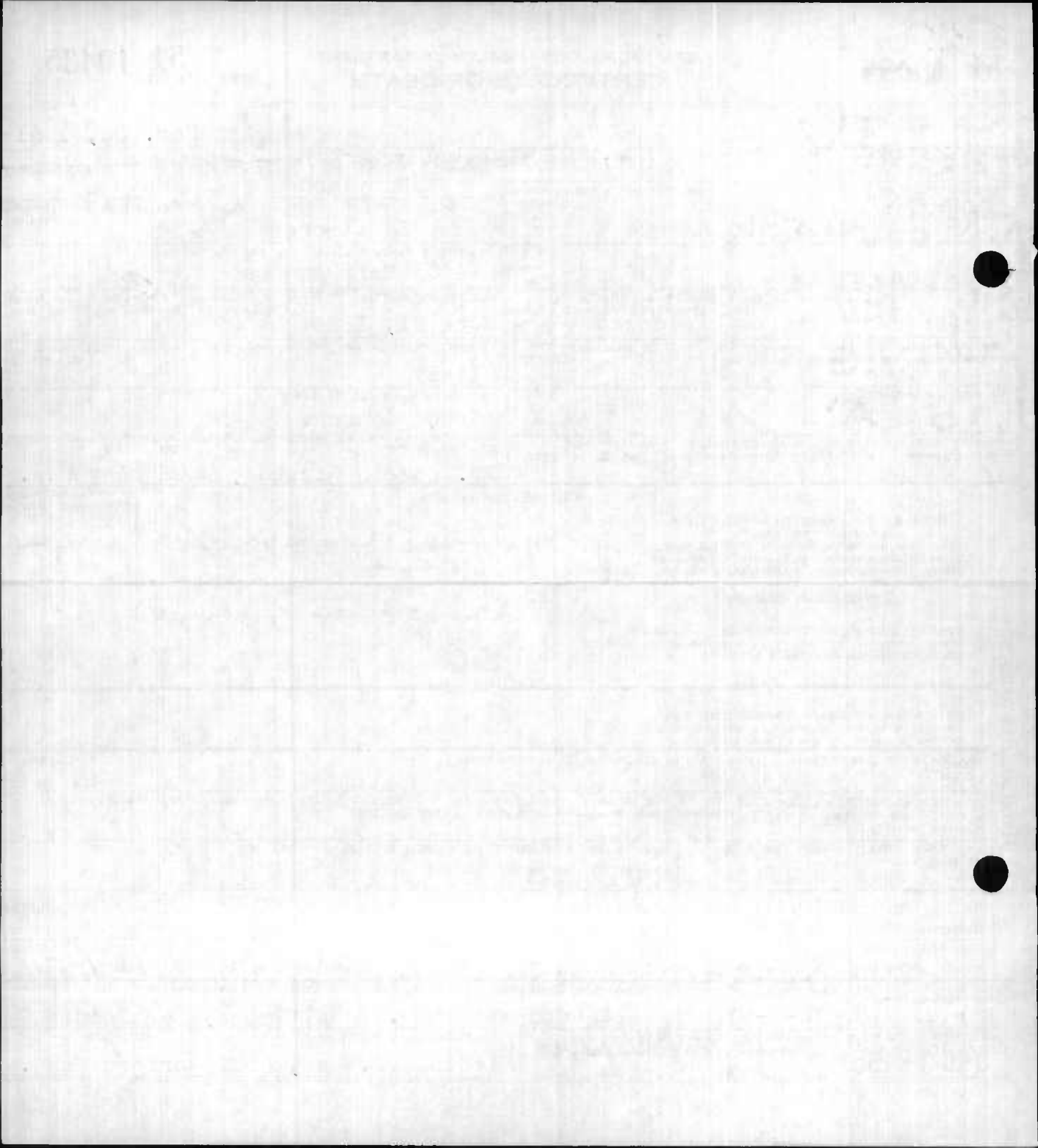
MEDICAL CERTIFICATION



530 English
51 10435BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10435
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SARAH RINAUDO		2. DATE OF DEATH Nov. 30, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4405 Mary Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 4405 Mary Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 21, 1854
9. AGE (In years last birthday) 97		10. Under 1 Year Months Days	
11. Under 24 Hours Hours Min.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Jeppi		14. MOTHER'S MAIDEN NAME Grace Sanzone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Joseph Rinaudo, 4405 Mary Ave.		ADDRESS	
18. 443x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Hypertensive Cardiovascular Disease DUE TO (B) Arteriosclerosis, generalized DUE TO (C) Senility INTERVAL BETWEEN ONSET AND DEATH many yrs ..		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		21. II	
22. 19A. DATE OF OPERATION 0		23. 19B. MAJOR FINDINGS OF OPERATION	
24. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
26. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		27. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
28. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. 21F. HOW DID INJURY OCCUR?		31. 22. I hereby certify that I attended the deceased from Nov, 1948 to Nov 30, 1951, that I last saw the deceased alive on Nov 30, 1951, and that death occurred at 4 P. M., from the causes and on the date stated above.	
32. 23A. SIGNATURE Mae R. English		33. 23B. ADDRESS 5713 Belair Rd	
34. 23C. DATE SIGNED 12-1-51		35. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
36. 24B. DATE 12-4-51		37. 24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
38. 24D. LOCATION (City, town, or county) Baltimore, Maryland		39. 25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road.	
40. DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		41. REGISTRAR'S SIGNATURE [Signature]	



620
51 10436BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10436
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Ruth Powers</u>			2. DATE OF DEATH <u>December 1, 1951</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>26-01</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>5920 Green Hill Avenue</u>		
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 19, 1896</u>	9. AGE (In years last birthday) <u>55</u>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hwife.</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		
11. BIRTHPLACE (State or foreign country) <u>Frostburg, Maryland</u>			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME <u>Sylvester Sluss</u>			14. MOTHER'S MAIDEN NAME <u>Isabella ?</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>Mr. Howard Powers, 5920 Greenhill</u>			ADDRESS _____		
18. <u>443 X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u> DUE TO (A) _____ (B) <u>Hypertensive cardio-vascular disease</u> DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH _____			CAUSE OF DEATH _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____					
19A. DATE OF OPERATION <u>12-4-51</u>			19B. MAJOR FINDINGS OF OPERATION _____		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			_____		
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>11/28/</u> , 19 <u>51</u> to <u>12/1/</u> , 19 <u>51</u> that I last saw the deceased alive on <u>12/1/</u> , 19 <u>51</u> , and that death occurred at <u>8:45AM.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>E. Paul Coffey Jr.</u> M. D.			23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>12/1/51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12-4-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore Cemetery</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore, Maryland</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 3 - 1951</u>			REGISTRAR'S SIGNATURE <u>William Williams</u>		
25. FUNERAL DIRECTOR <u>Leonard J. Ruck, 5305 Harford Road.</u>			ADDRESS _____		

2011

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AVFREN

634
51 10437BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10437
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Angelina Bradley

2. DATE
OF
DEATH

11 30 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY U S A Anne Arundel

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5200

D. STREET ADDRESS (If rural, give location)

Riveira Beach Box 190 Pasadena P O

Length of stay in Baltimore

81 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single Widowed

8. DATE OF BIRTH

Aug. 1873

9. AGE (In years
last birthday)

78

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

X

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D. C.

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Vito Pipitone

14. MOTHER'S MAIDEN NAME

Annie Gatto

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS Md

Mr. Jerome Pipitone - Riviera Beach

18.

175x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

E Metastatic carcinoma
(Intraabdominal)

ANTECEDENT CAUSES

(B)

DUE TO

Carcinoma Lt. ovary.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition, Dehydration, Frailty, etc.

19A. DATE OF OPERATION

10/25/97

19B. MAJOR FINDINGS OF OPERATION

Metastatic carcinoma, intraabdominal

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/18, 1997, to 11/30, 1997, that I last saw the
deceased alive on 11/30, 1997, and that death occurred at 4:03 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Raming

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

12-4-51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

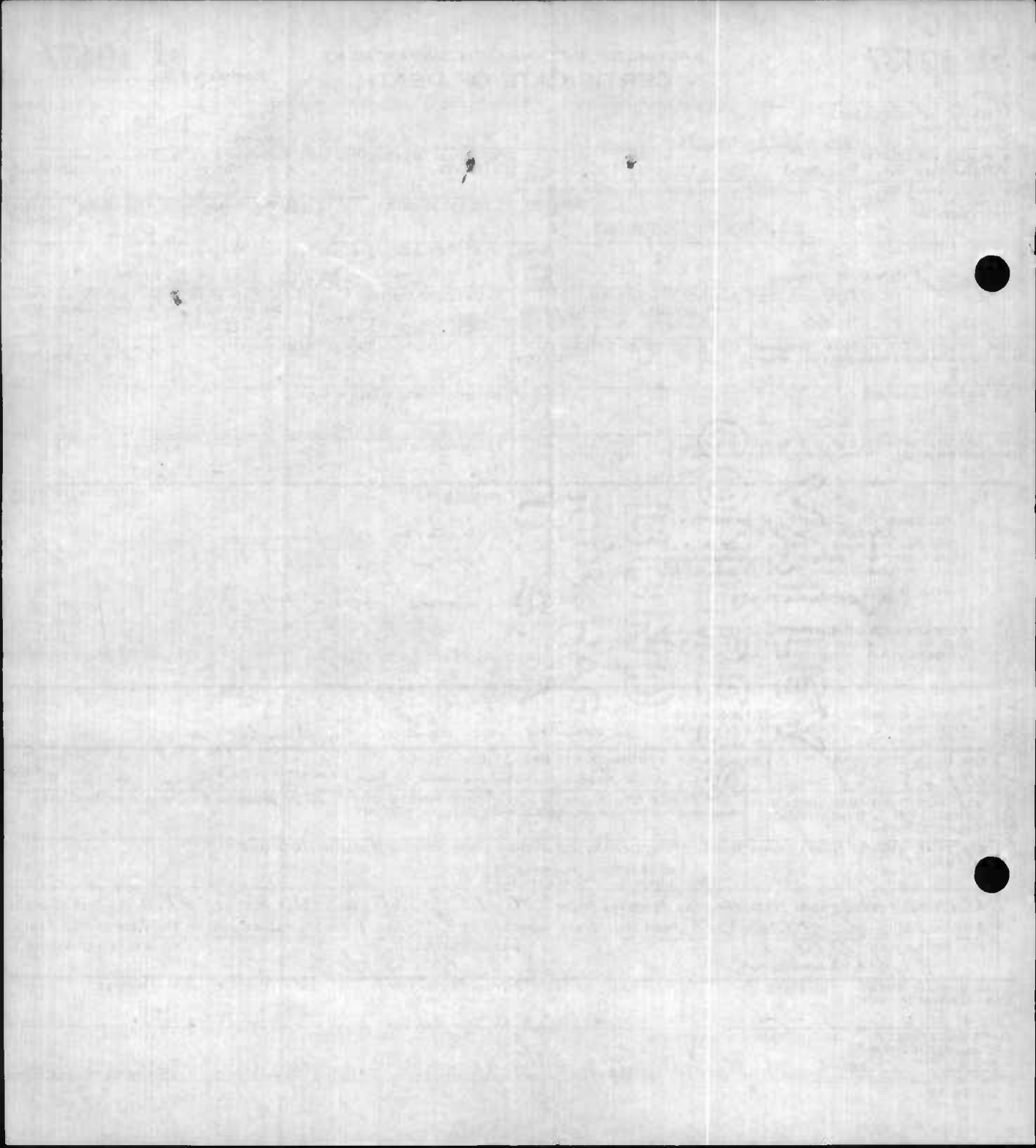
DEC 3 - 1951

William Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road



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BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Kane, Mary Agnes		December 2, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2535 W. Mosher St.	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 26, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.		10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (in years last birthday) 76
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Lloyd Kane - 418 W. 29th St.		ADDRESS	
18. 582X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Peritonitis DUE TO ANTECEDENT CAUSES (B) Multiple liver abscesses DUE TO (C) Purulent cholangitis Due to Fibrous obstruction of the common duct II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from November 27, 1951, to December 2, 1951, that I last saw the deceased alive on Dec. 2, 1951, and that death occurred at 10:10 a. m., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS 1100 N. Caroline St.	
23C. DATE SIGNED Dec. 2, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/51	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 5 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR [Signature]		ADDRESS 127a Balto 17, Md.	

1941

RECEIVED

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TO THE HONORABLE
SPEAKER OF THE HOUSE OF REPRESENTATIVES
WASHINGTON, D. C.
FROM THE
COMMISSIONER OF THE GENERAL LAND OFFICE
WASHINGTON, D. C.
SUBJECT: LANDS IN THE STATE OF TEXAS

Enclosed for the Committee on Public Lands are two copies of a report of the Commissioner of the General Land Office, dated and captioned as above, showing the results of the survey of the lands in the State of Texas, and the amount of the same which are available for sale.

The report is herewith submitted for the information of the Committee, and for its consideration and action thereon. Very respectfully,
COMMISSIONER OF THE GENERAL LAND OFFICE

B-653-
51 10440BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10440

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EARLE HARRISON BROWNING		2. DATE OF DEATH 1 Dec. 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY —	
b. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-16	
d. Length of stay in Baltimore entire life		d. STREET ADDRESS (If rural, give location) 1541 Poplar Grove Street	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 14 OCT. 1894
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) accountant		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
10B. KIND OF BUSINESS OR INDUSTRY Jewelry		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Harrison M. Browning		14. MOTHER'S MAIDEN NAME Mary V. Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. 216-03-8793	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) World War #1		17. INFORMANT Mrs Browning (wife) ADDRESS 1541 Poplar Grove St	

18. **592 X and 174 X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Uremia**

(7) - 1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Chronic renal disease**

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

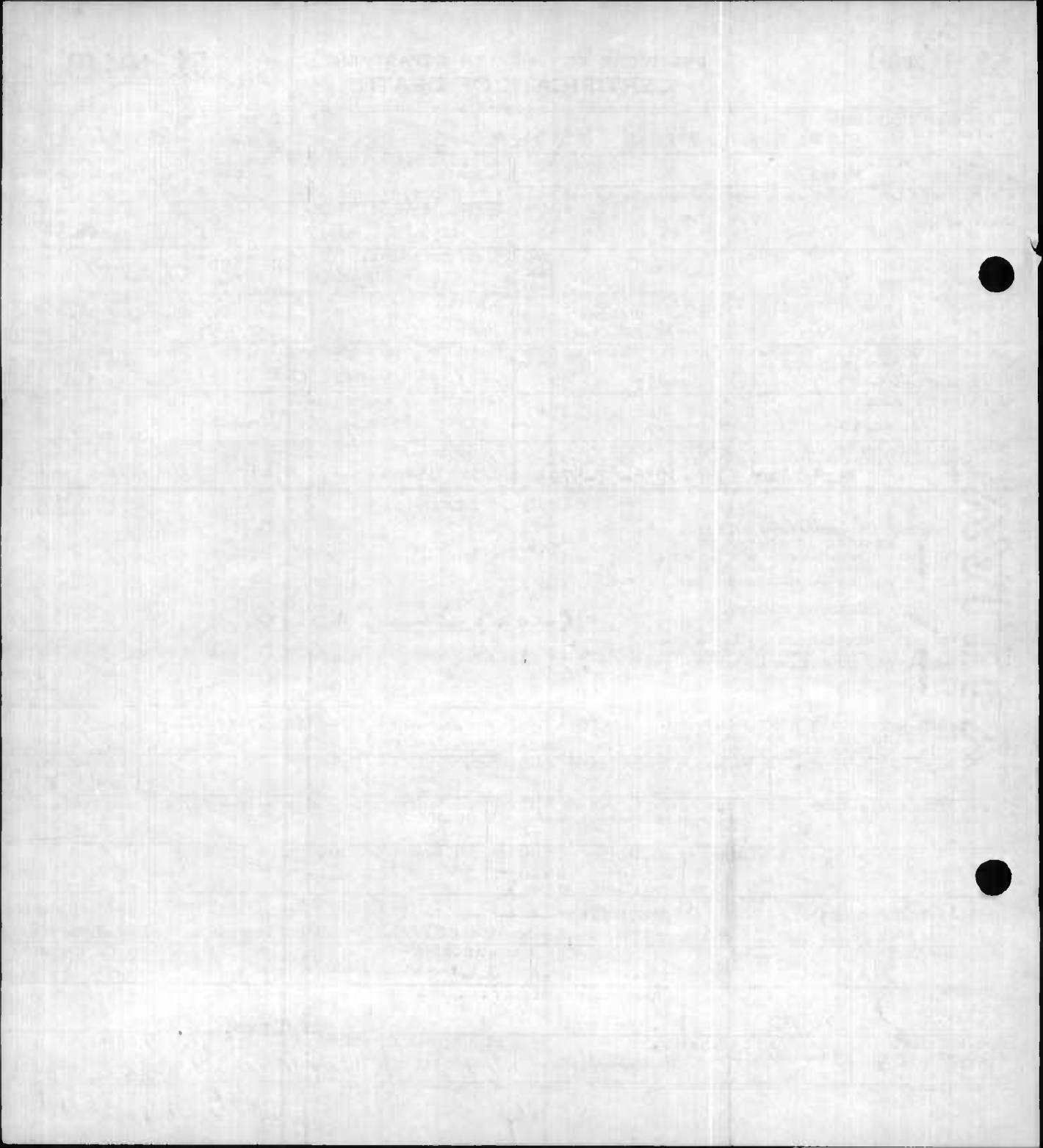
heterocolic anastomosis after cystectomy for carcinoma in 1949

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) NO		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1 Dec**, 19**51**, to **1 Dec**, 19**51**; that I last saw the deceased alive on **1 Dec**, 19**51**, and that death occurred at **10:00 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE William F. Bremer	23B. ADDRESS Lutheran Hospital	23C. DATE SIGNED 1 Dec 51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12/5/51	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Tichenor & Sons ADDRESS Balto. 17, Md.	



P 626
51 10441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10441
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Robert F. Parker Sr.</u>		2. DATE OF DEATH <u>December 14, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>2322 E. North Ave</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u>	
D. STREET ADDRESS (If rural, give location) <u>2322 E North Ave</u>		E. LENGTH OF STAY IN BALTIMORE <u>25 Yrs</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 6th 1911</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gen. Machines & Approved Tools</u>		9. AGE (in years last birthday) <u>40 Yrs</u>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Penna.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>FILE SETTER (R)</u> <u>Plummer L. Parker</u>	
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Margaret M. Parker 2322 E North Ave</u>	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>17 Oct</u> , 19 <u>51</u> to <u>1 Dec</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>14 Dec</u> , 19 <u>51</u> , and that death occurred at <u>m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Howard G. Williams</u>		23B. ADDRESS M. D. <u>1515 W. Mt. Vernon Ave</u>		23C. DATE SIGNED <u>3 Dec 51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Dec 4th</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park Cem</u>	
24D. LOCATION (City, town, or county) (State) <u>Windsor Mill Road</u>		25. FUNERAL DIRECTOR <u>Leo S. Brook</u>		ADDRESS <u>1701-03 N. Patterson Park</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 3 - 1951</u>		REGISTRAR'S SIGNATURE <u>Howard G. Williams</u>			

Mr Goodman

316
51 10442

51 10442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ROSE ELLA SUDBROOK		2. DATE OF DEATH 12/2/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland I435 S. Charles St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) I435 S. Charles St.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 2/11/1873
9. AGE (In years last birthday) 78		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Adams		14. MOTHER'S MAIDEN NAME Mary Jane Wroten	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Family - Same		ADDRESS _____	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Central Atherosclerosis DUE TO (A) _____ ANTECEDENT CAUSES (B) Arterio Sclerosis (General) DUE TO (C) Hypertension OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 15, 1951 , to Dec 2, 1951 , that I last saw the deceased alive on Aug 15, 1951 , and that death occurred at 10:00 m., from the causes and on the date stated above.					
23A. SIGNATURE John G. Scheuch		23B. ADDRESS 1337 S. Charles St.		23C. DATE SIGNED 12/3/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) B		24B. DATE 12/6/51		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR James L. L. L...		ADDRESS - 130 E. Fort Ave.	

DEC 3 - 1951
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CHURCH

HOME

100 YEARS

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1935-1936

1937-1938

1939-1940

260
51 10443
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10443

1. NAME OF DECEASED (Type or Print) Edward Becker		2. DATE OF DEATH 12-1-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE LG-36	
Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4526 O'DONNELL ST	
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 4/14/86
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TIRE CO. OWNER		9. AGE (In years, last birthday) 65	
10B. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTH PLACE (State or foreign country) BALTIMORE MD.	
13. FATHER'S NAME GEORGE H. BECKER		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT TILL BECKER		ADDRESS 4526 O'DONNELL ST	

18. 4201 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarct DUE TO (A) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Coronary Occlusion (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Love		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 12-2-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY MT CARMEL	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD.		24E. FUNERAL DIRECTOR Clarence P. Hoffmann		ADDRESS 1639 Broadway	
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951		REGISTRAR'S SIGNATURE William V. Love		25. FUNERAL DIRECTOR Clarence P. Hoffmann	

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U.S. DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10444

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Joseph W. Green

2. DATE
OF
DEATH

Dec. 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4313 Glenmore Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
4313 Glenmore Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 11, 1870

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter Retired

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John N. Green

14. MOTHER'S MAIDEN NAME

Sarah Marsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Lillian I. Green 4313 Glenmore Ave.

18. 260X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Coronary Thrombosis
DUE TO

9 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C. V. D.
DUE TO

5 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Diabetes Mellitus
DUE TO

3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 1949 to 12/1, 1951, that I last saw the
deceased alive on 11/30, 1951, and that death occurred at 7:56 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12/5/51

Wards Chapel

Balto. Co. Md. Liberty Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 5 1951

Wm. J. Williams, M.D.

Maun F. Hoffmann 1639 Broadway

DEPARTMENT OF COMMERCE
BUREAU OF COMMERCE
WASHINGTON, D. C.

1. Name of the firm or person to whom the order is made
2. Address of the firm or person to whom the order is made
3. Description of the goods or services ordered
4. Quantity of the goods or services ordered
5. Price of the goods or services ordered
6. Terms of payment
7. Date of the order
8. Name of the person making the order
9. Signature of the person making the order
10. Name of the firm or person making the order

51 10445

BALTIMORE CITY HEALTH DEPARTMENT

51 10445

BIRTH NO.

Film #G-549

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Margaret Schlotthuber

MARGARET MARY

2. DATE
OF
DEATH

11/30/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

348 S. Calhoun St.

8. DATE OF BIRTH

5/22/1907

9. AGE (in years
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Norwood

14. MOTHER'S MAIDEN NAME

Mary Larn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dr. Charles L. Schlotthuber 348 Calhoun St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremic Convulsion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Nephritis &
Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1957, to 11-30, 1957, that I last saw the
deceased alive on 11-30, 1957, and that death occurred at 10:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

D. C. D. Marino Chellis

23B. ADDRESS

1213 KIDNEY ST

23C. DATE SIGNED

12-1-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

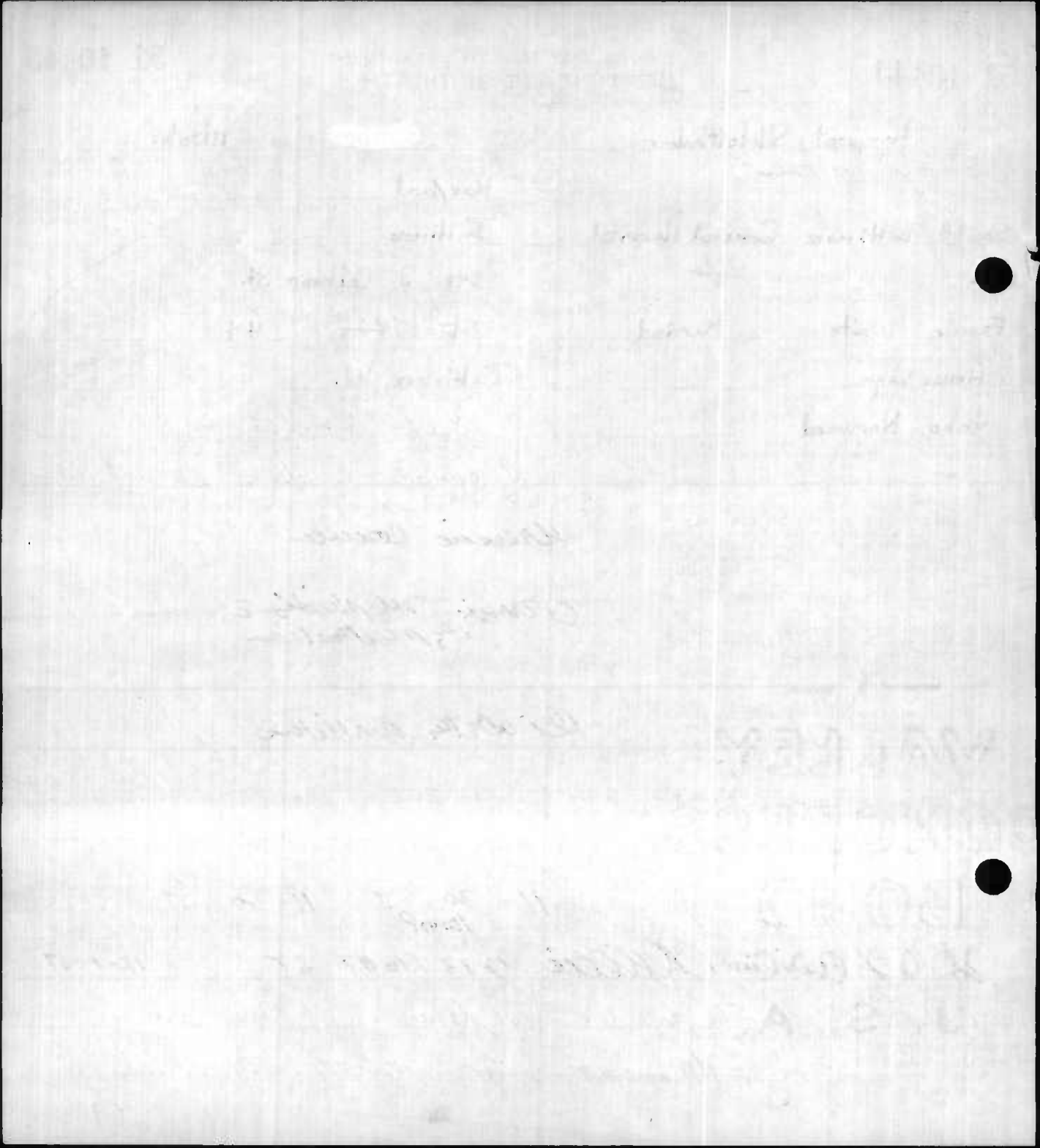
25. FUNERAL DIRECTOR

ADDRESS

DEC 3 1957

12/4/57, London Park Cem, 3801 Red Hill

12/4/57, 1213 Kidney St, 1213 Kidney St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10446**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Solomon CAVEY

2. DATE
OF
DEATH

11-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City

5200

D. STREET ADDRESS (If rural, give location)

Frederick Road

Grays

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-19-1884

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator car

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Transit Co.

11. BIRTHPLACE (State or foreign country)

Ellicott City, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles A. Cavey

14. MOTHER'S MAIDEN NAME

Mary E. King

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

213-10-0920

17. INFORMANT

ADDRESS

Emmet Cavey, Ellicott City, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Hypertensive C. V. D.**

DUE TO

(C)

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **11-25, 1951** to **11-29, 1951** that I last saw the deceased alive on **11-29, 1951**, and that death occurred at **8.15 PM**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

St. Joseph Hospital, Balto., Md.

11-29-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

12-3-51

Good Shepherd

Ellicott City, Md.

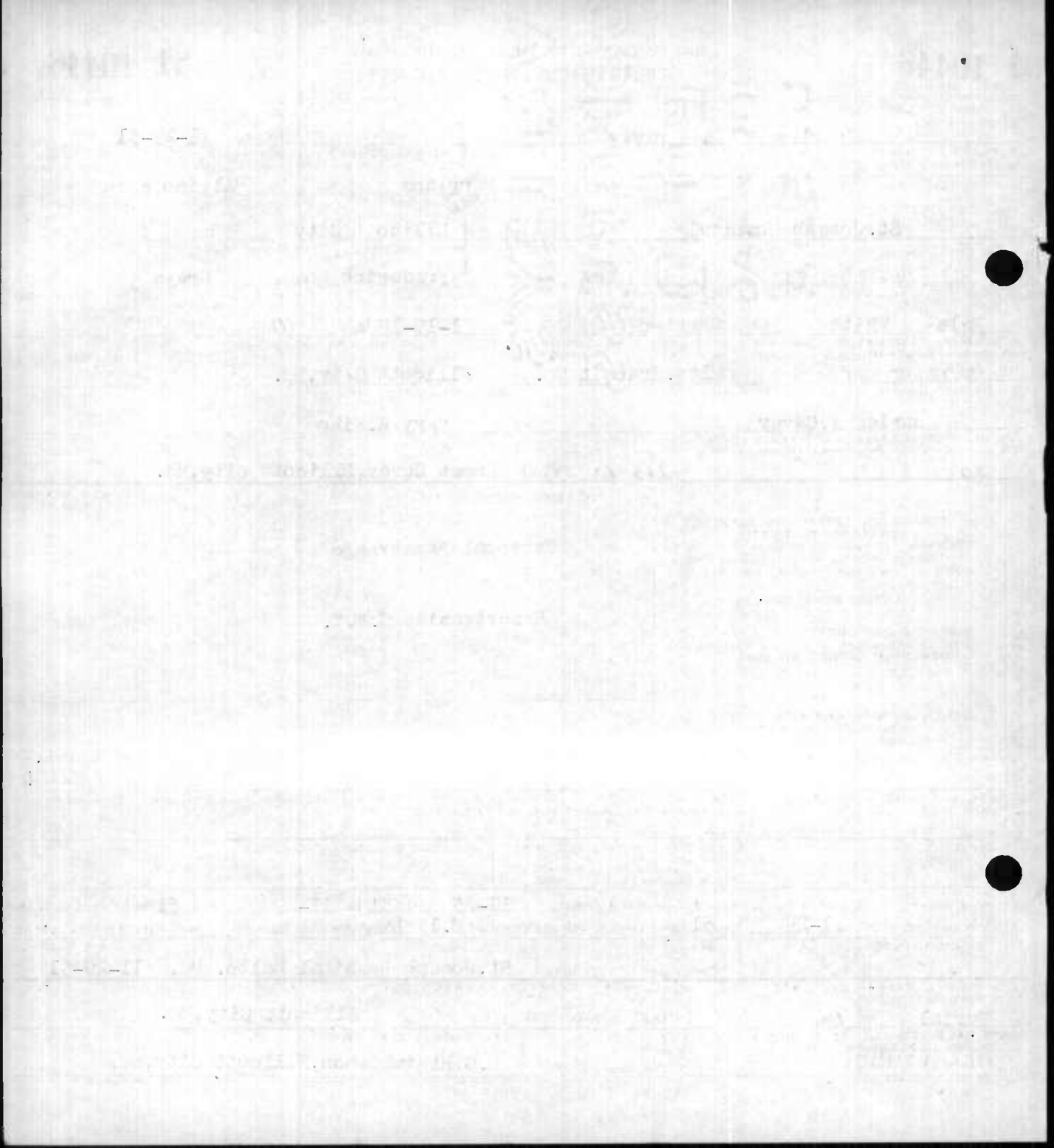
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

F. C. Higinbotham, Ellicott City, Md.



200
51 10447BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10447

1. NAME OF DECEASED (Type or Print) Sister-Dorothea C. Hesse		2. DATE OF DEATH Dec. 2-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 15-05	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Lutheran Deaconess Motherhouse 2500 West North Ave.		CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2500 West North Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug:16:1882
9. AGE (In years last birthday) 69		10. UNDER 1 Year Months: _____ Days: _____ 11. UNDER 24 Hours Hours: _____ Min: _____	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deaconess		10B. KIND OF BUSINESS OR INDUSTRY Lutheran Home	
11. BIRTHPLACE (State or foreign country) Charleston S.C.		12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Johann H. Hesse		14. MOTHER'S MAIDEN NAME Helene M. Warnick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. -----	
17. INFORMANT Sister:Martha Hansen-2500W.North Ave		ADDRESS	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Disease DUE TO CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950 , 19____, to 12-2 , 1951 that I last saw the deceased alive on 12-1 , 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
23A. SIGNATURE A. L. Ewald Jr.		23B. ADDRESS 36 York Ct.	
23C. DATE SIGNED 12-2-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 6/1951	24C. NAME OF CEMETERY OR CREMATORY Charleston S.C.	24D. LOCATION (City, town, or county) (State) South Carolina
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951	REGISTRAR'S SIGNATURE W. J. Williams, M.D.	25. FUNERAL DIRECTOR F. B. Wippert & Son	
ADDRESS 1300 EUTAW PLACE			

B. S. A.

VALLEY

CONCRETE

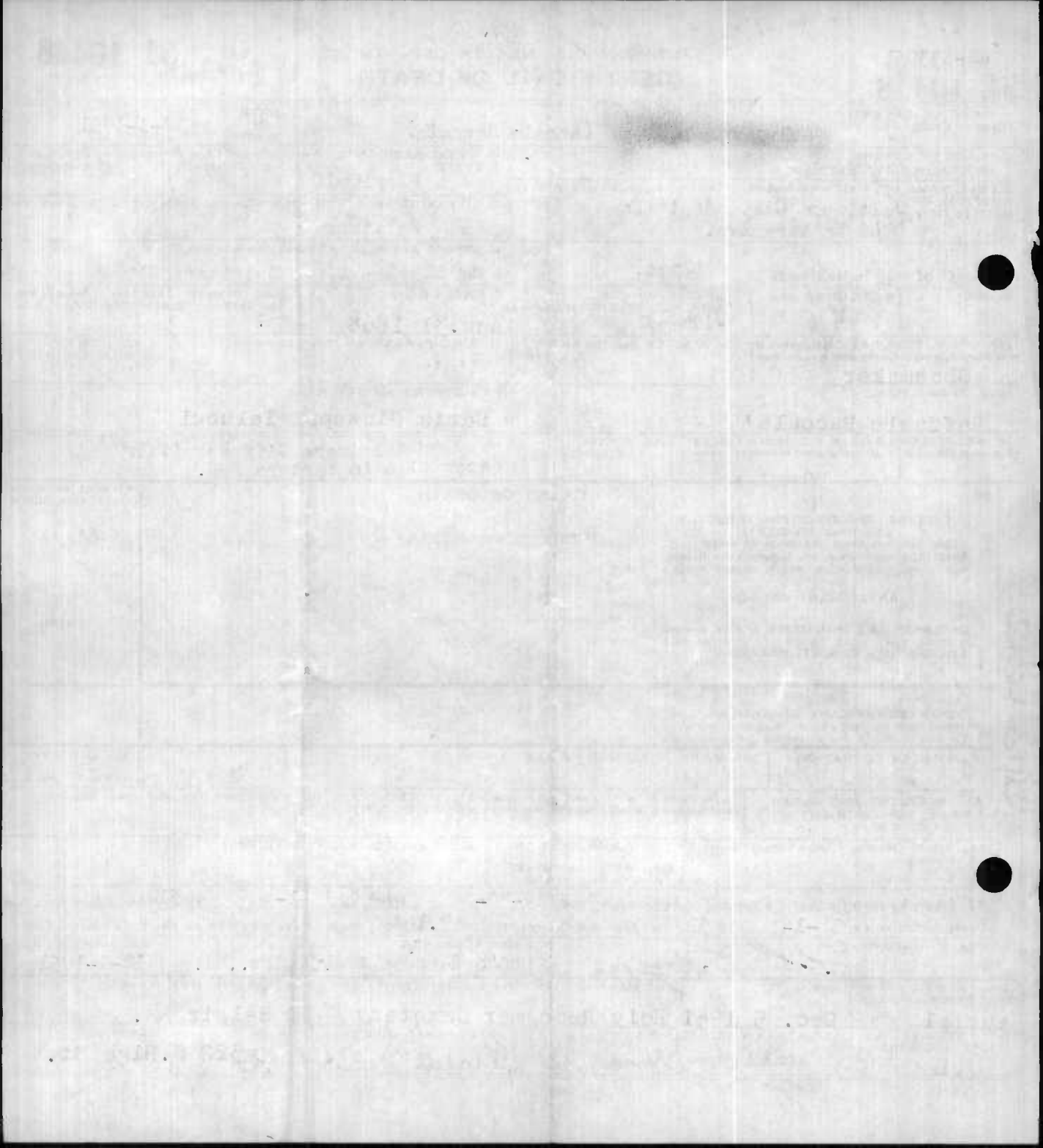
240
AB-133051BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10448
Registered No.

51-10448

1. NAME OF DECEASED (Type or Print) Angelo Baccala (Angelo Baccala)		2. DATE OF DEATH 12-1-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 26-1	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore 42yrs.		D. STREET ADDRESS (If rural, give location) 4940 Eastern Ave., Baltimore City Hospital	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 31 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 83
13. FATHER'S NAME Raffaele Baccala		11. BIRTHPLACE (State or foreign country) Italy	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Maria Giuseppa Ialucci	
17. INFORMATION		ADDRESS Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)	CAUSE OF DEATH Bronchopneumonia DUE TO (A) (B) (C)	INTERVAL BETWEEN ONSET AND DEATH 6days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-30- , 19 49 , to 12-1- , 19 51 , that I last saw the deceased alive on 12-1- , 19 51 , and that death occurred at 7.10A.m. , from the causes and on the date stated above.					
23A. SIGNATURE J.S. [Signature]		23B. ADDRESS 4940 Eastern Ave., Balto., Md.		23C. DATE SIGNED 12-1-1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Dec. 5 1951		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	
24D. LOCATION (City, town, or county) 4430 Belair Rd.		24E. FUNERAL DIRECTOR Frank [Signature]		24F. ADDRESS 322 S. High St.	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 10449

BIRTH NO. 51 10449

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION2. DATE
OF
DEATH4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MÄDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 332 X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...

DUE TO

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/51, 19, to 12/1/51, 19, that I last saw the
deceased alive on 12/1/51, 19, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

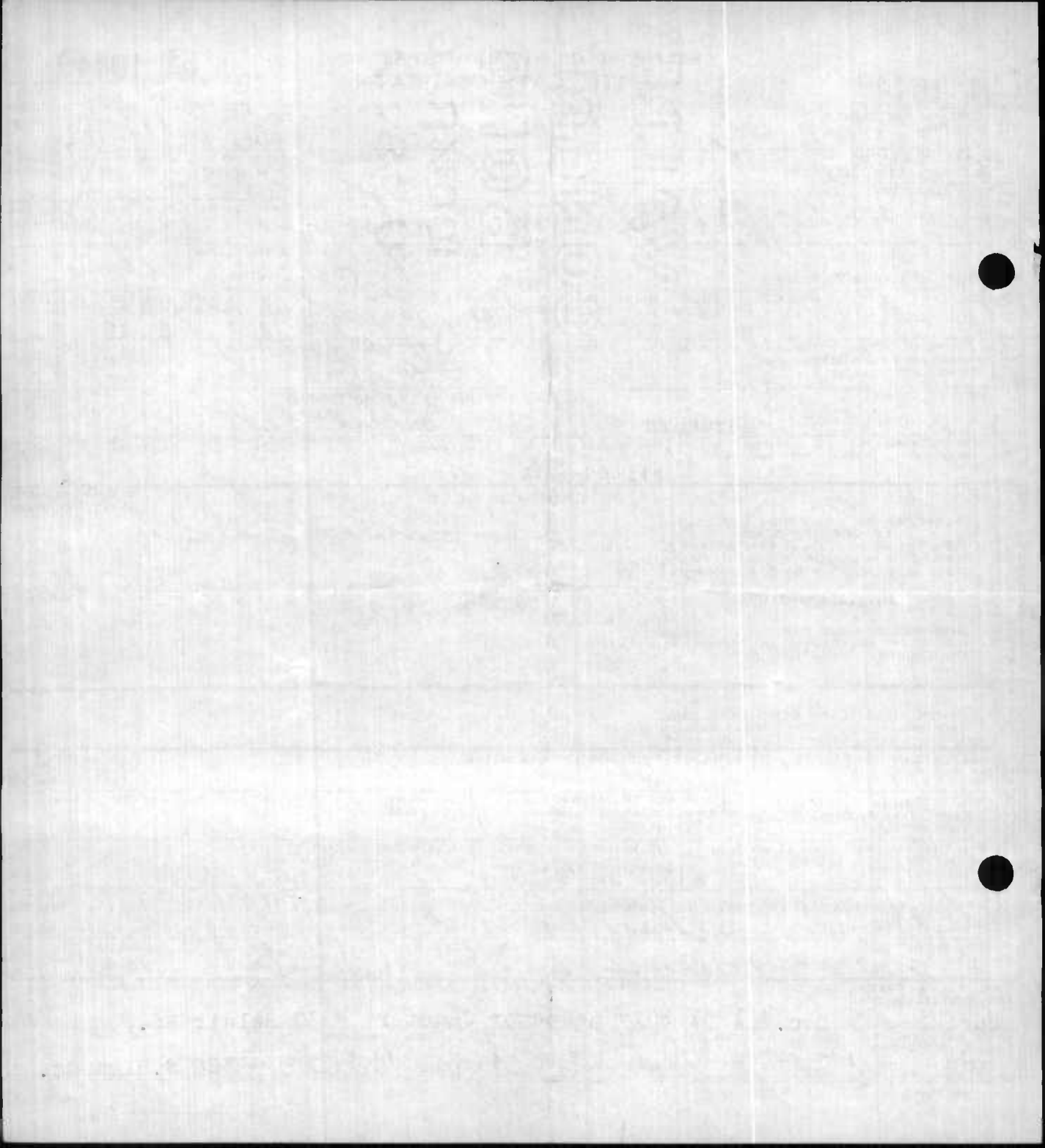
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97047

83B

MEDICAL CERTIFICATION

correct age is especially important. In certifying, please write the causes of death.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10450**

230
51 10450
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Delia A. Cassidy			2. DATE OF DEATH 12/2/1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1627 Belt St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City		
6. LENGTH OF STAY IN BALTIMORE abt. 50 yrs.			D. STREET ADDRESS (If rural, give location) 1627 Belt St.		
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH - abt. 78 yrs		11. AGE (In years last birthday) Months: Days
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			13. KIND OF BUSINESS OR INDUSTRY House work		14. BIRTHPLACE (State or foreign country) Ireland.
15. FATHER'S NAME Thomas Cassidy			16. MOTHER'S MAIDEN NAME Mary Timlin		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. INFORMANT Catherine McShane			20. ADDRESS 1627 Belt St.		

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Insufficiency		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coroniosclerosis & Hypertension		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from Sept 10 , 19 51 , to Dec 2 , 19 51 , that I last saw the deceased alive on 12/2 , 19 51 , and that death occurred at 1030 m., from the causes and on the date stated above.					
31. SIGNATURE John G. Schenck		32. ADDRESS 1337 S. Charles St.		33. DATE SIGNED 12/3/51	
34. BURIAL, CREMATION, REMOVAL (Specify)		35. DATE 12/5/1951		36. NAME OF CEMETERY OR CREMATORY Cathedral	
37. LOCATION (City, town or county) (State) Balto. Md.		38. DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951			
39. REGISTRAR'S SIGNATURE William Williams		40. FUNERAL DIRECTOR Flynn & Fleming			
41. ADDRESS 1426 Light St.					

02101 14

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1970-00-17017100

1970-00-17017100

1970-00-17017100

1970-00-17017100

420
51 10451BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10451

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA E. MILES

2. DATE
OF
DEATH

NOV 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HAL-4

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

510 N. FREEMONT AVE.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED "SP"

8. DATE OF BIRTH

3-25-85

9. AGE (In years last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Peter White

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Pyelonephritis

DUE TO

prolonged

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Rectal Prolapse

1 month

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-19-1951, to 11-30-1951, that I last saw the deceased alive on 11-30-1951, and that death occurred at 2:25 AM., from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. Nelson

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-1-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

12-5-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Bealton, Virginia

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mr. Frances A. Hensley

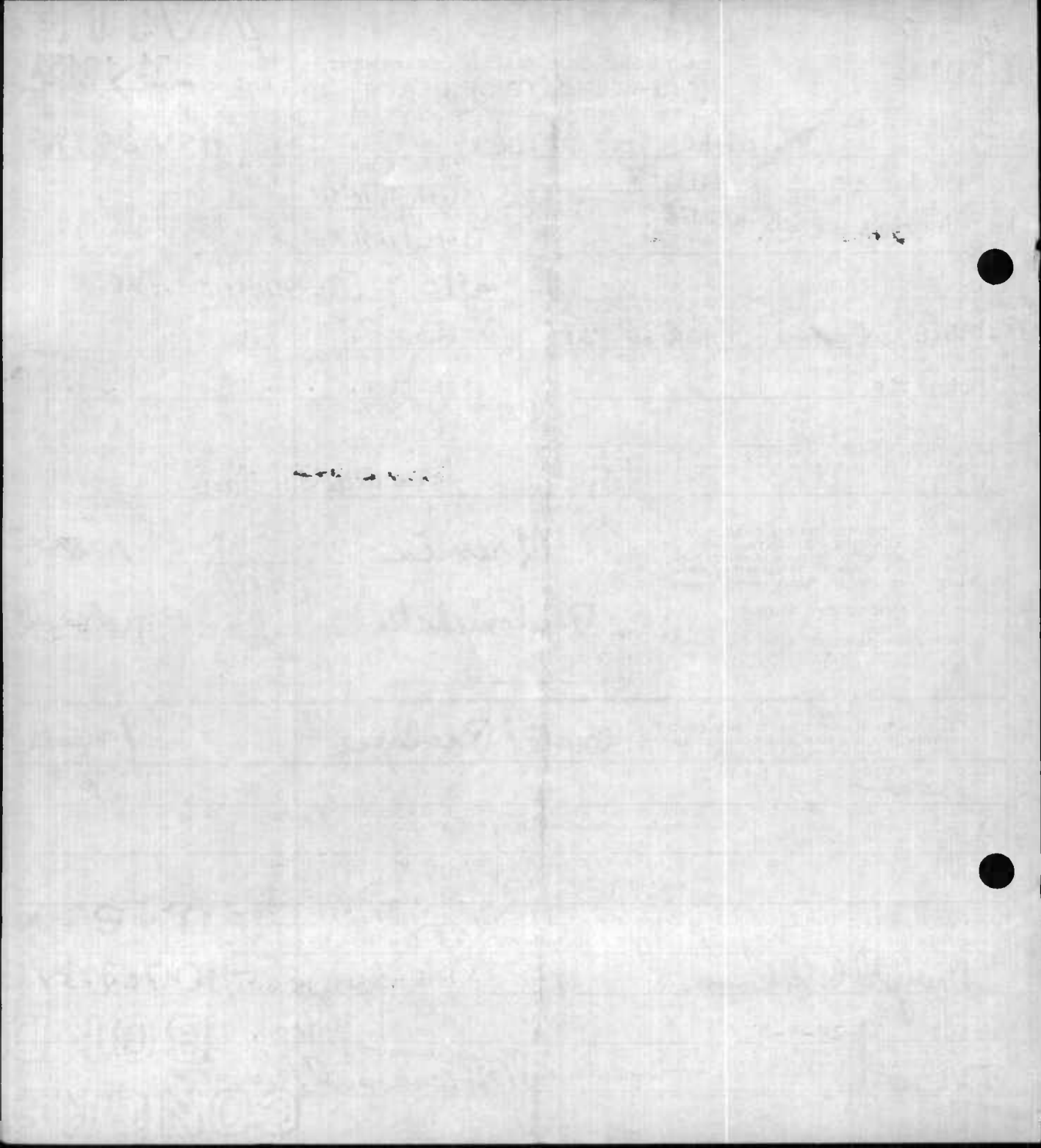
DEC 3 - 1951

VS 150

7208A

518 W. Middle St

133a



642
AB-153233
51 10452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10452

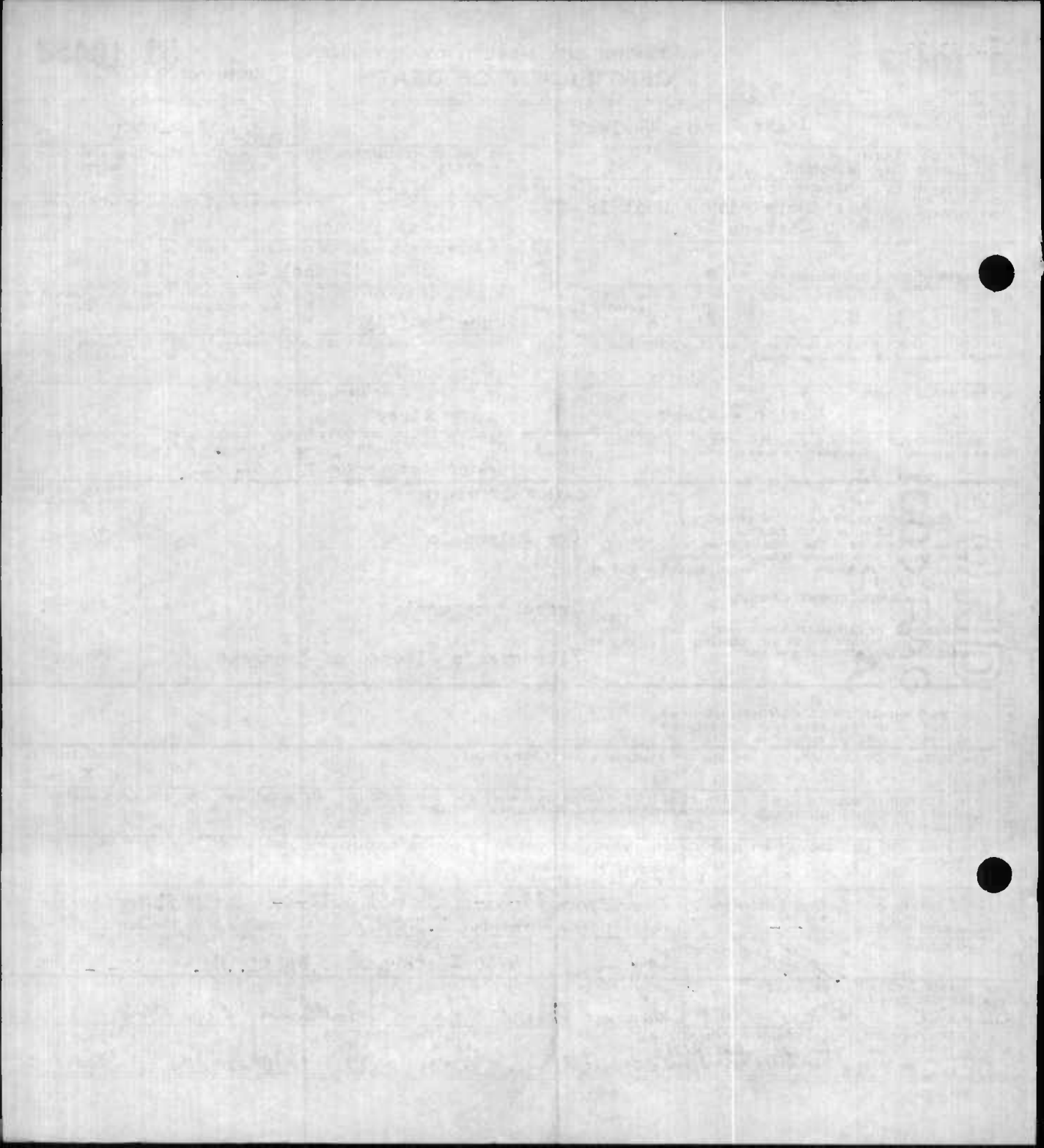
BIRTH NO. 51-13396

1. NAME OF DECEASED (Type or Print) Janet Marsha Darlack		2. DATE OF DEATH 12-2-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3023 O'Donnel St. zone 24	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 14-1951
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 5	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Marion Darlack		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME Amy Airey	
16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	

18. 587.2	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Cor Pulmonale DUE TO	24hrs.
ANTECEDENT CAUSES	(B) Bronchopneumonia DUE TO	24hrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) Fibrocystic Disease of Pancreas	2mos.?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10-19-1951, to 12-2-1951 that I last saw the deceased alive on 12-2-1951 and that death occurred at 1.30Pm., from the causes and on the date stated above.		
23A. SIGNATURE J. S. Clayton, M.D.	23B. ADDRESS 4940 Eastern Ave., Balti., Md.	23C. DATE SIGNED 12-2-1951

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 5-1951	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart of Jesus	24D. LOCATION (City, town, or county) (State) Baltimore Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 3 - 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR George A. Weber 705-S Penn St	



243

51 10453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10453

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-26 1957, to 12-1 1957, that I last saw the
deceased alive on 11-30 1957, and that death occurred at 6:25 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

69042

83a

MEDICAL CERTIFICATION

1945 - 1946

1945

1945 - 1946

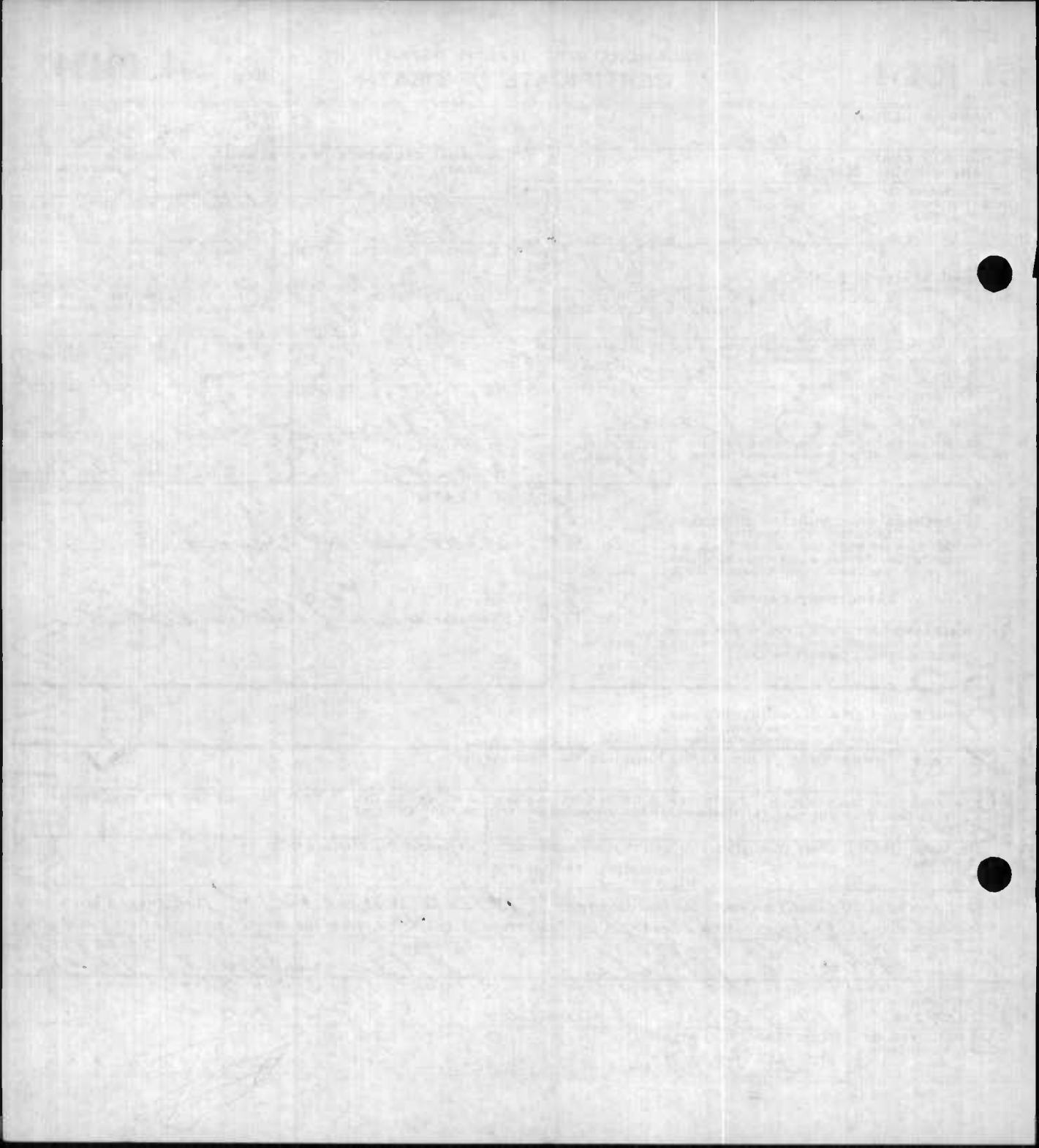


1945 - 1946

400
51 10454BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10454

1. NAME OF DECEASED (Type or Print) <i>John Kuhl</i>		2. DATE OF DEATH <i>12/2/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>St Agnes Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-43</i>	
D. STREET ADDRESS (If rural, give location) <i>2816 Washington Blvd.</i>		E. LENGTH OF STAY IN BALTIMORE <i>6</i> Yrs. Mos. Days	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Feb 16, 1890</i>
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Unempl.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Trucking</i>	9. AGE (In years last birthday) <i>61</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>John B Kuhl</i>		14. MOTHER'S MAIDEN NAME <i>Stella Zell</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mrs. Ida Kuhl</i>		ADDRESS <i>5238 De Witt Road</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>162x I</i>		CAUSE OF DEATH (A) <i>Carcinoma of Lung &</i> DUE TO (B) <i>Extensive Metastases</i> DUE TO (C)	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11/30, 1951</i> , to <i>12/2, 1951</i> , that I last saw the deceased alive on <i>12/2, 1951</i> , and that death occurred at <i>9:25 P.m.</i> , from the causes and on the date stated above.			
23. SIGNATURE <i>John C. Dealy</i> M.D.		23B. ADDRESS <i>St Agnes Hosp</i>	
23C. DATE SIGNED <i>12/2/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>12-5-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>LONDON PARK</i>		24D. LOCATION (City, town, or county) (State) <i>BALTIMORE, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>GEO. L. Schwab</i>		ADDRESS <i>2101 Frederick Ave.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10455

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bernhard A. Meluh

2. DATE
OF
DEATH

12/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)

204 S. FURROW ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 20-05

D. STREET ADDRESS (If rural, give location)

204 S. FURROW ST.

Length of stay in Baltimore

40 YRS.

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

DECEMBER 28, 1891

9. AGE (In years

last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SEAMAN

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Coast Guard

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John MELUH

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

1921 to 1931

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

MARGARET MELUH 204 S. FURROW ST.

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) H. A. C. V. disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Diabetes Mellitus

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

[Signature]

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

12/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12- -51

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE, Md.

(State)

DATE RECEIVED BY

DEC 4 - 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

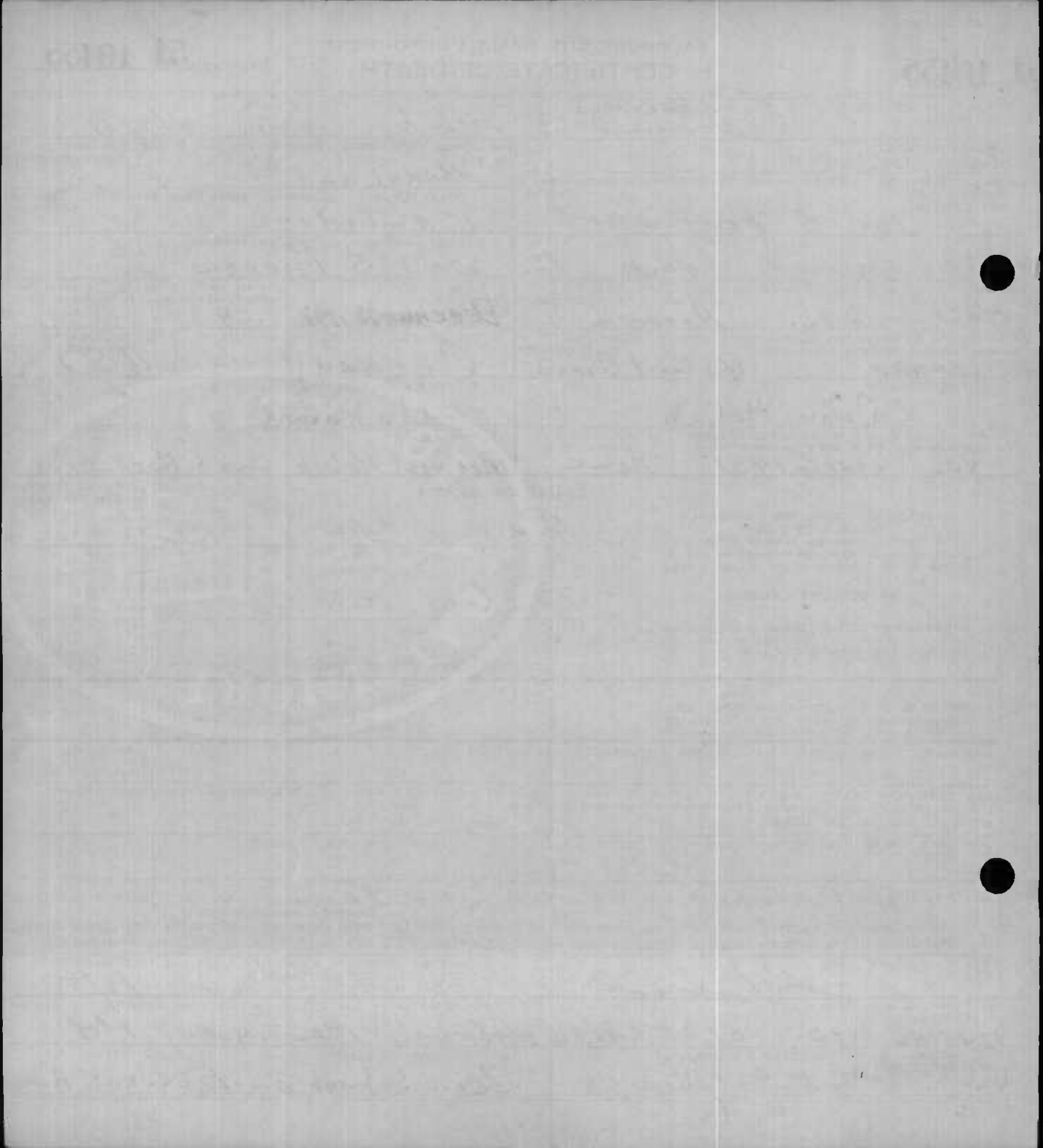
Geo. L. Schwab 2101 Frederick Ave

V S 151

673 91

61

MEDICAL CERTIFICATION



10456

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10456
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Blanche Hines</i>			2. DATE OF DEATH <i>11-30-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>653 W. Lee St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Balto.</i> B. COUNTY <i>22-04</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
C. Length of stay in Baltimore <i>37</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>653 W. Lee Street</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 31-1896</i>		9. AGE (In years last birthday) <i>55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Orange N. Jersey</i>		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>
10B. KIND OF BUSINESS OR INDUSTRY <i>domestic</i>			14. MOTHER'S MAIDEN NAME <i>May Thomas</i>		
11. FATHER'S NAME <i>Joseph Hladick</i>			17. INFORMANT ADDRESS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		

18. <i>490x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>pneumonia (lobar)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
CAUSE OF DEATH (A) <i>pneumonia (lobar)</i> DUE TO		
(B) _____ DUE TO		
(C) _____ DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov 23 1951</i> , to <i>Nov 30, 1951</i> , that I last saw the deceased alive on <i>Nov 30 1951</i> , and that death occurred at <i>2:15 P. m.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Shorofsky M.D.</i>		23B. ADDRESS <i>601 N. Monroe St.</i>		23C. DATE SIGNED <i>12/3/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12-8-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Int. Allum Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Balto.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1951</i>	REGISTRAR'S SIGNATURE <i>Walter B. Snipp</i>	25. FUNERAL DIRECTOR ADDRESS <i>139 W. Hamlet St.</i>			

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10457**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Morris Shifren

2. DATE
OF
DEATH

December 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3802 Cottage Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3802 Cottage Ave

Length of stay in Baltimore

42 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept 15, 1881

9. AGE (In years last birthday)

70

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR INDUSTRY

PROPRIETOR

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Joseph Shifren

14. MOTHER'S MAIDEN NAME

Rachael ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Helen Bard 3508 Fallstaff Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

about 2 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Coronary thrombosis

8-10 yrs

General arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept-16-1951** to **Dec-3-1951**, that I last saw the deceased alive on **Dec-3-1951**, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

23A. SIGNATURE

Herman Seidel

23B. ADDRESS

2404 E. L. Taylor Pl - 12/3/51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 4, 1951

24C. NAME OF CEMETERY OR CREMATORY

Anshei Nessin Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

DEC 4 - 1951

Walter Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

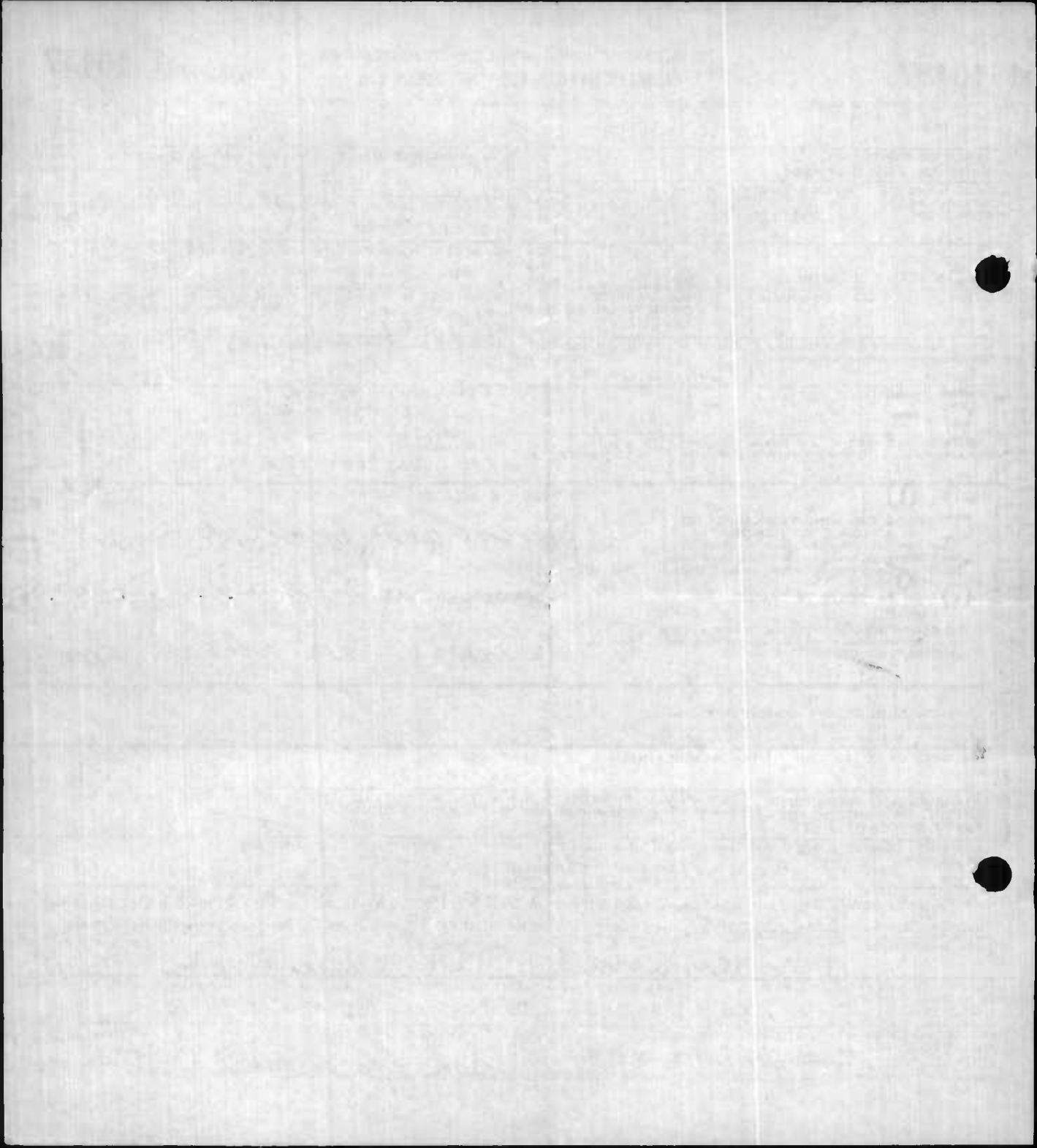
Sol Lewinson, Bus North ave

VS 150

5906 E

94a

MEDICAL CERTIFICATION



240
51 10458BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10458

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Josephine Macgill		2. DATE OF DEATH December-2-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2075 Rockrose Av. B. FULL NAME OF HOSPITAL OR INSTITUTION The Ardleigh Home		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 3634 Roland Ave.	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Oct-14-1855	
9. AGE (In years last birthday) 96		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME John McFaul		14. MOTHER'S MAIDEN NAME Eliza Constantine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. J. P. Sencindiver (daughter)		ADDRESS Catonsville	
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arterio-sclerotic cardio-vascular ? renal disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1945 , 19 to Dec 2 , 19 51 , that I last saw the deceased alive on Dec 2 , 19 51 , and that death occurred at 6:20 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Wm N. McFaul		23B. ADDRESS 1800 N. Charles St	
23C. DATE SIGNED 12/3/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE Dec-4-51	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951		REGISTRAR'S SIGNATURE Wm N. McFaul	
25. FUNERAL DIRECTOR Stewart-Mowen Co., 108-W-North-Av. Balto.		ADDRESS	

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121
51 10459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10459
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HYMAN SOBKOY

2. DATE
OF
DEATH

12/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Dina Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

3804 Dorchester Road

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

Male

White

Widowed

12/3/51

75

12/3/51

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Confectionery

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Rachael

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Samuel Sobkov -

same

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Infarction
DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Thrombosis
DUE TO

Hypertensive Cardiovascular
Disease

1 day
Yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 3, 1951, to Dec 3, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 5:05 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Samuel Sobkov M. D.

Dina Hospital

12/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1951

William Williams, M.D.

Jack Lewis 2100 Eutan Rd

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360
51 10460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10460

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Paul Fader</i>		2. DATE OF DEATH <i>12-3-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hosp.</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. LENGTH OF STAY IN BALTIMORE <i>47</i> Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) <i>2659 Loyola Southway</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED. WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Grocer</i>	
11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Benel</i>		14. MOTHER'S MAIDEN NAME <i>Bessie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Maurice Fader - Son</i>		ADDRESS	

18. <i>420.1</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Poss. Myocardial infarct.</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>Several days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>acute Pulmonary Edema</i> DUE TO <i>A. S. C. V. D.</i>	
(C)		

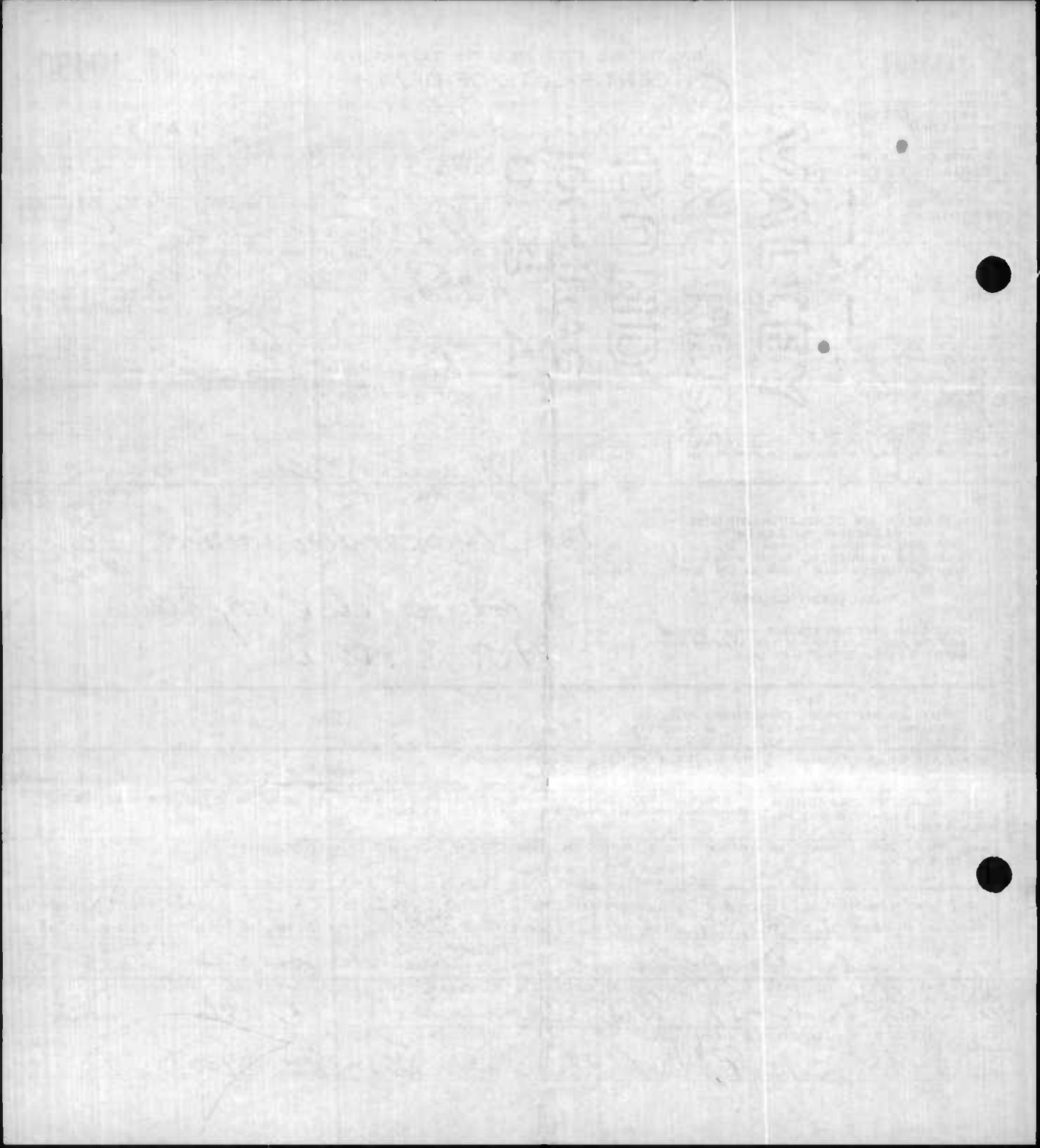
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12-3-51*, to *12-3*, 19*51*, that I last saw the deceased alive on *12-3-*, 19*51*, and that death occurred at *10:30* p. m., from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph Dupelbaum, M. D.</i>	23B. ADDRESS <i>Sinai Hospital</i>	23C. DATE SIGNED <i>12-3-51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>12-4-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1951</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>	ADDRESS <i>2100 Eutaw Pl</i>



436
51 10461BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10461
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William J. Slater</i>		2. DATE OF DEATH <i>Dec. 3/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2530 W. Balto St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>MD</i> B. COUNTY <i>20-6</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>	
5. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2530 W. Baltimore St</i>	
6. SEX <i>Male</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Sept 12 - 1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>STAGE CARPENTER</i>		9. AGE (in years last birthday) <i>69</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>James Slater</i>		14. MOTHER'S MAIDEN NAME <i>Rose Schweitzer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS <i>2530 W. Balto St</i>	
16. SOCIAL SECURITY NO. <i>216-01-0171</i>		18. CAUSE OF DEATH	

18. *420.1 I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) *Disease of the coronary artery*
DUE TO *Coronary occlusion* *1 hour*
(B) *Arteriosclerosis generalized* *3 1/2 yrs*
DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

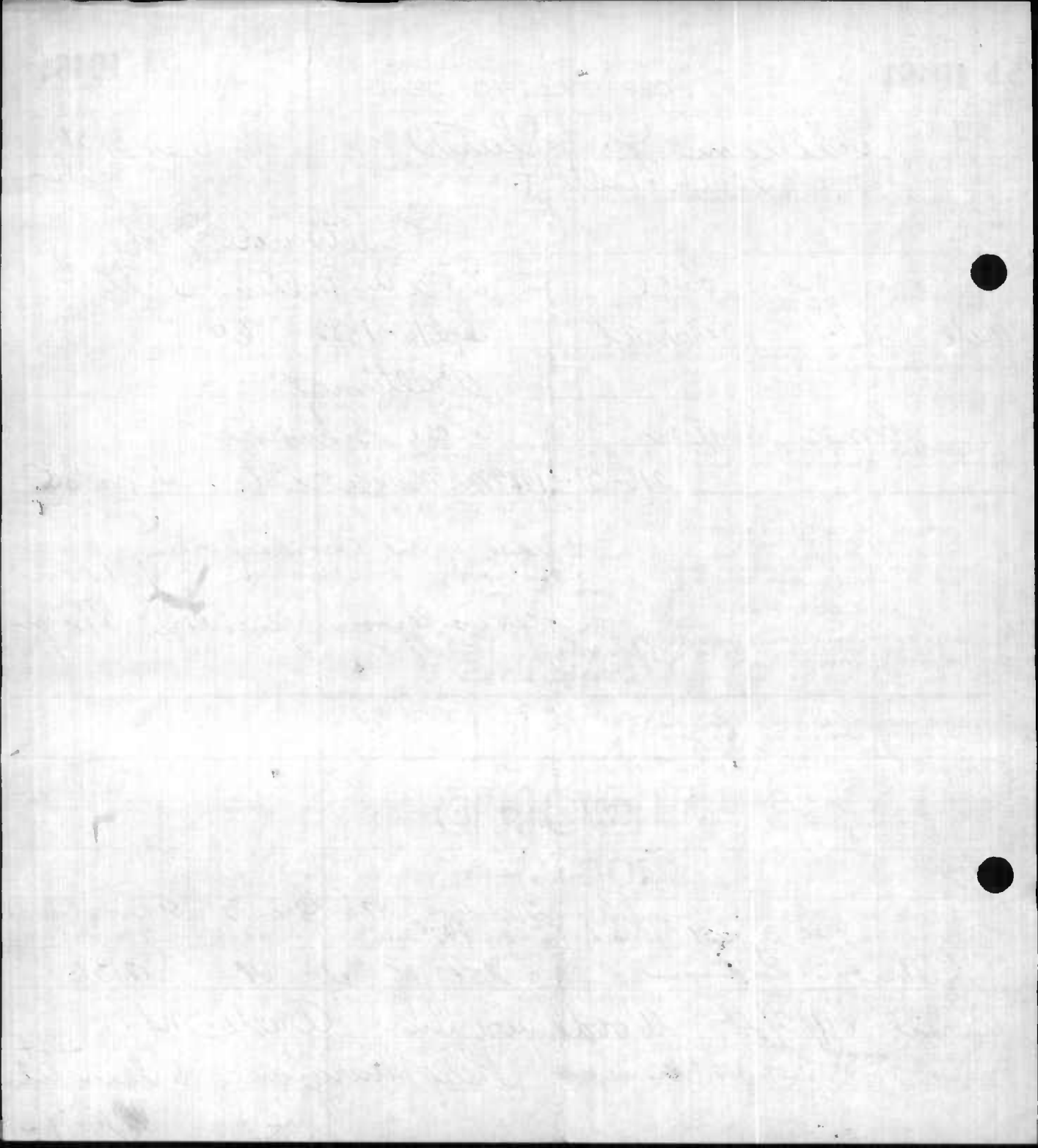
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *March 10, 1942* to *Dec. 3, 1951*, that I last saw the deceased alive on *Dec. 3, 1951*, and that death occurred at *2:35 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Gilbert E. Rudman</i>	23B. ADDRESS <i>2517 W. Balto. St.</i>	23C. DATE SIGNED <i>12/3/51</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>12/5/51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1951</i>	REGISTRAR'S SIGNATURE <i>William J. Slater</i>	25. FUNERAL DIRECTOR <i>Philip Herwig Sons</i>	ADDRESS <i>2024 Orleans St.</i>
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460
51 10462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10462

BIRTH NO. 51-28342

1. NAME OF DECEASED
(Type or Print)

Baby Boy Zeller

2. DATE
OF
DEATH

12-3-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Ind

26-64

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

3510 Falt Avenue

D. STREET ADDRESS (If rural, give location)

Balto.

Length of stay in Baltimore

6

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

11-27-57

9. AGE (In years
last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

6

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Raymond Zeller

14. MOTHER'S MAIDEN NAME

Jean Dickson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
RAYMOND ZELLER 3510 FALT AVE.

18. 776X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 19 to 12-3, 1957 that I last saw the
deceased alive on 12-3, 1957, and that death occurred at 6⁰⁰A.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

12-3-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

12-4-51

SACRED HEART CEM.

7401 GERMAN HILL RD. MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1951

[Signature]

Charles S. Zeller, 901 S. CONKLING ST.

STATE OF NEW YORK
CERTIFICATE OF DEATH

31 10113

Name of Deceased		Date of Death	
Sex		Age	
Place of Birth		Usual Residence	
Cause of Death		Manner of Death	
Physician's Signature		Medical Examiner's Signature	
Date of Certificate		Place of Death	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10463

350
51 10463
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Josephine Wooden</u>		2. DATE OF DEATH <u>Dec 1, 1951</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md</u> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>812 n. Parrish st</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>16-02</u>	
D. Length of stay in Baltimore <u>Life</u>		E. STREET ADDRESS (If rural, give location) <u>812 n. Parrish st</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>1885</u> <u>66</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <u>Balto md</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Ethel Taylor</u>		ADDRESS <u>1809 Clifton ave</u>	

18. <u>434.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 12-28, to 12-1-1951, that I last saw the deceased alive on 12-1-1951, and that death occurred at 9:58 a.m., from the causes and on the date stated above.

23A. SIGNATURE <u>[Signature]</u>	23B. ADDRESS <u>1616 Schenckman</u>	23C. DATE SIGNED <u>12-1-51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12-4-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>mt auburn</u>
24D. LOCATION (City, town, or county) <u>md</u>		24E. LOCATION (State)
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 4 - 1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR <u>[Signature]</u>
ADDRESS <u>1303 Brewster st</u>		

1612 Edmondson Ave

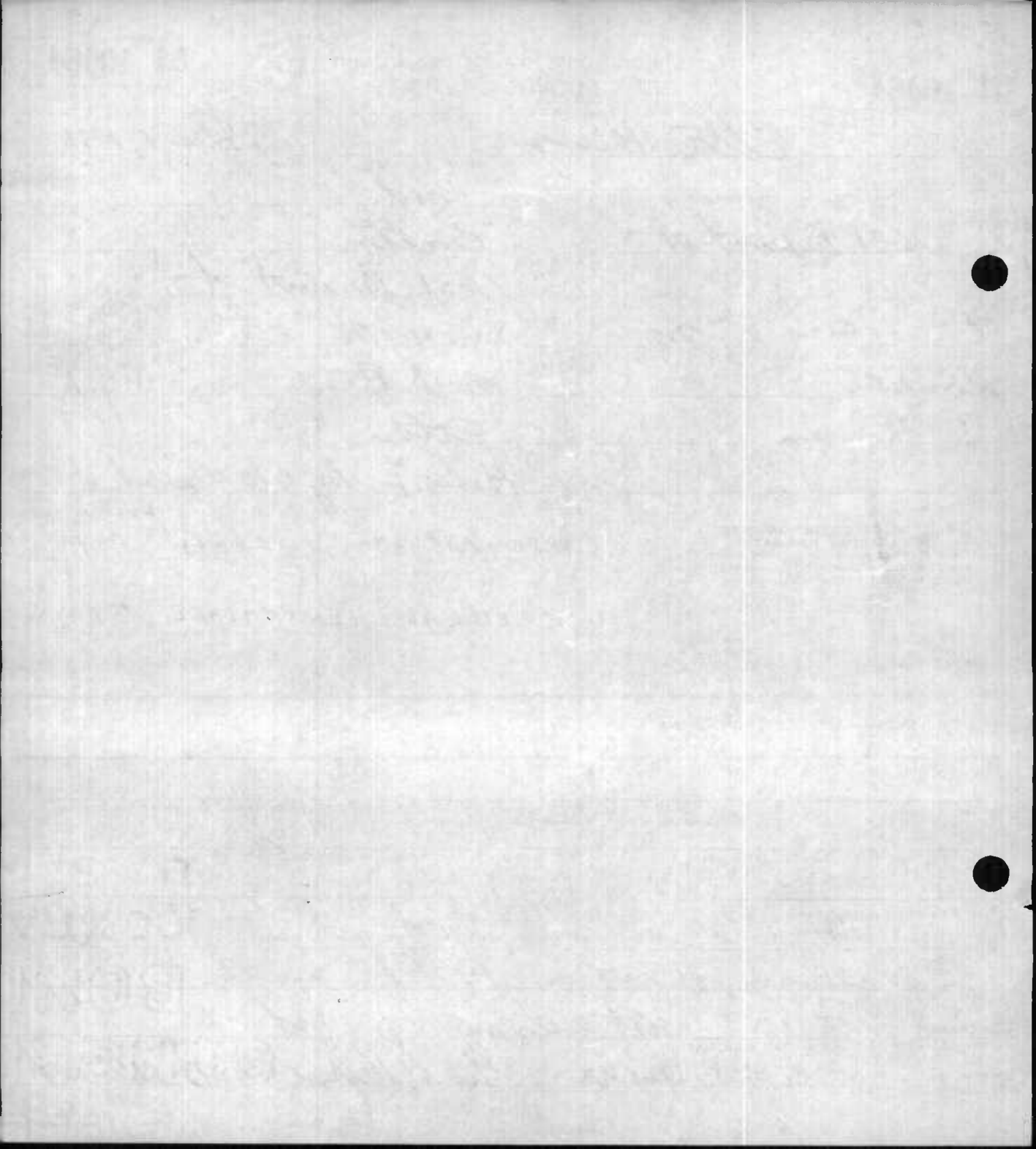
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51 10464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10464

1. NAME OF DECEASED (Type or Print) <i>Etta King</i>		2. DATE OF DEATH <i>Dec 1, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1631 Brunt St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>14-02</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1631 Brunt St</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	8. DATE OF BIRTH <i>June 21, 1898</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>53</i>
13. FATHER'S NAME <i>Green</i>		11. BIRTHPLACE (State or foreign country) <i>Wash D.C.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Etta ?</i>	
17. INFORMANT <i>Helen Bailey</i>		ADDRESS <i>1215 Whatnot St.</i>	
18. <i>472.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>CARDIOVASCULAR DISEASE</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs ?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST <i>CEREBRAL HEMORRHAGE</i>		7 DAYS	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Nov. 26</i> , 1951, to <i>Dec 1</i> , 1951, that I last saw the deceased alive on <i>Dec 1</i> , 1951, and that death occurred at <i>10:30 p. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>E. William Frey, M.D.</i>		23B. ADDRESS <i>1928 Penna Ave</i>	
23C. DATE SIGNED <i>12/3/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>12-5-51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>not burying</i>		24D. LOCATION (City, town, or county) (State) <i>md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1951</i>		25. FUNERAL DIRECTOR <i>Geo S Nelson</i>	
REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>		ADDRESS <i>1303 Brewster St</i>	



525
1 10465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10465
Registered No.

1. NAME OF DECEASED (Type or Print) Benjamin F. Johnson			2. DATE OF DEATH December 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 9-08 Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1914 Cecil Avenue		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1875	9. AGE (in years last birthday) 76	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Control Man		10B. KIND OF BUSINESS OR INDUSTRY Montebello Fil. Plant		11. BIRTHPLACE (State or foreign country) Harford County, Maryland	
13. FATHER'S NAME Uriah Johnson			14. MOTHER'S MAIDEN NAME Annie E. Bull		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS Mrs. Edith M. Johnson, 1914 Cecil Avenue	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 420.1 Cerebral Occlusion DUE TO			INTERVAL BETWEEN ONSET AND DEATH ?		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Generalized Arteriosclerosis DUE TO (C)			?		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/7, 1947 to 12/2, 1951, that I last saw the deceased alive on 11/10/51 and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE Lorraine G. Williams		23B. ADDRESS 12618 Nutt St.		23C. DATE SIGNED 12-3-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery	
				24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951		REGISTRAR'S SIGNATURE Lorraine G. Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 2400 E. 2nd St., 1217 St. Paul Street	

MEDICAL CERTIFICATION

2101 10

- 520
51 10466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10466
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cora V. Lynch

2. DATE
OF
DEATH

December 2, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1820 Linden Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1820 Linden Avenue

Length of stay in Baltimore
Yrs. Mos. Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

April 21, 1874

9. AGE (in years last birthday)

77

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Long Green, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nathaniel Lynch

14. MOTHER'S MAIDEN NAME

Catherine Ramsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lolita Lynch, 107 Marley Neck Road

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

hypertension.

(B)

Chronic Interstitial nephritis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic interstitial nephritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1951, to Dec. 2, 1951, that I last saw the deceased alive on Dec. 1, 1951, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles S. Nestor

M. D.

23B. ADDRESS

1730 Linden av

23C. DATE SIGNED

Dec. 3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12/5/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park Cemetery

24D. LOCATION (City, town, or county)

Parkville, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

DEC 4 - 1951

REGISTRAR'S SIGNATURE

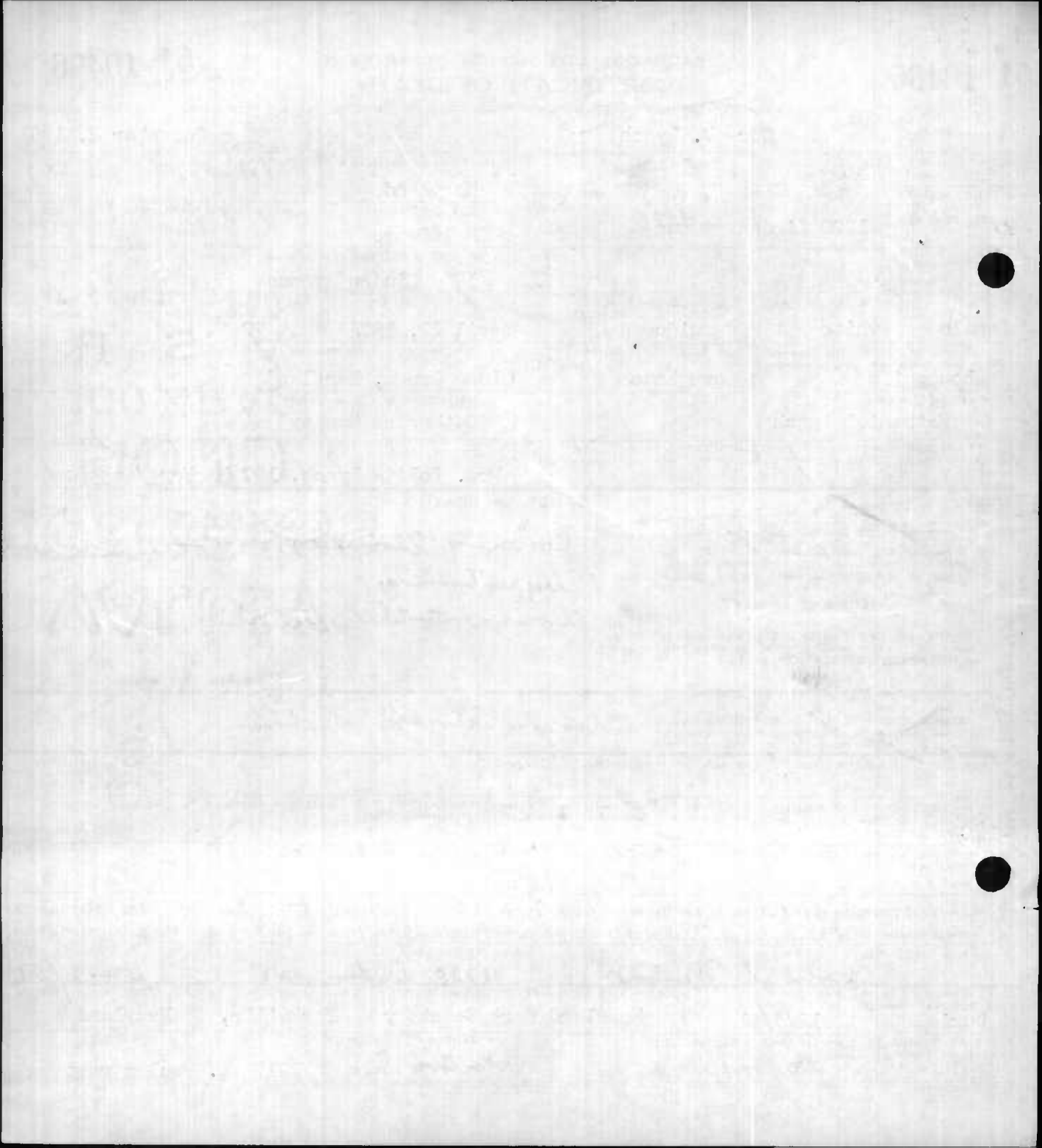
Wm. G. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.

1217 St. Paul Street



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered 51 **10467**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jonas Weir

2. DATE
OF
DEATH

December 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

403 N. Robinson Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

403 N. Robinson Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Nov. 20, 1869

9. AGE (In years last birthday)

82

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Weir

14. MOTHER'S MAIDEN NAME

Elizabeth Hess

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Sarah Marcellino, 403 N. Robinson St.

18. **450.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **ARTERIOSCLEROSIS, GEN.**

DUE TO

10 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JAN 1, 1951**, to **DEC. 3, 1951**, that I last saw the deceased alive on **DEC. 3, 1951**, and that death occurred at **PHYS.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

121 S. HULLMAN AVE.

12/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

12/5/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

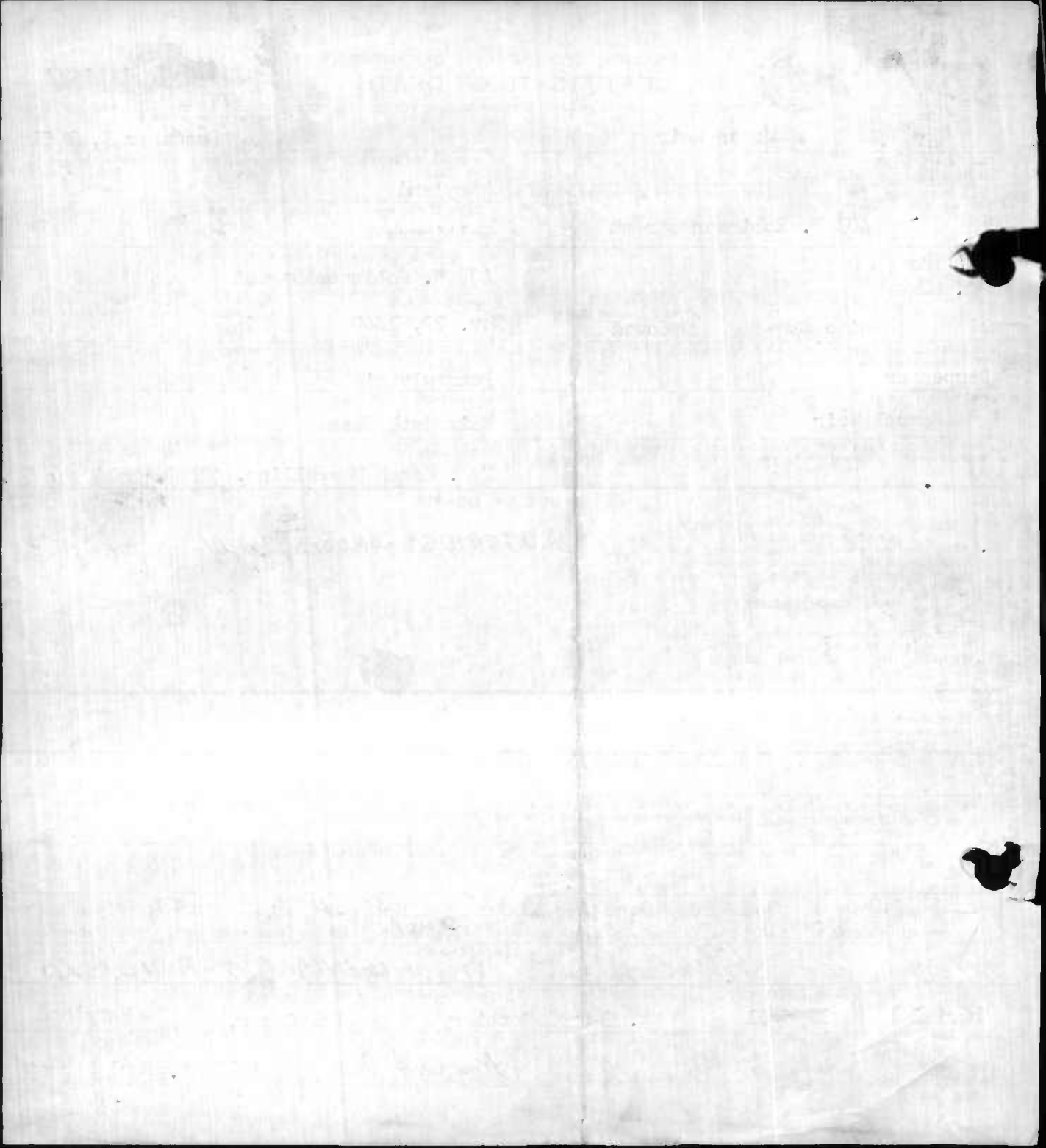
ADDRESS

DEC 4 - 1951

William H. Williams, Jr.

Arm. Cook, Inc.,

1217 St. Paul Street



523

10468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10468

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES ALVEY KNIGHT

2. DATE
OF
DEATH

12-4-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

3600 Elkader Road - 18

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 29, 1903

9. AGE (In years
last birthday)

48

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clarence E. Knight

14. MOTHER'S MAIDEN NAME

Hilda E. Benton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Sarah J. Knight, 3600 Elkader Road

18. 4-20-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Anterior Coronary Occlusion

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 12-1-, 1951, to 12-4-1951, that I last saw the
deceased alive on 12-4-, 1951, and that death occurred at 12:30am, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Paul Loffay Jr. M.D.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

12-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/6/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cemetery

24D. LOCATION (City, town, or county)

Woodlawn,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc.,

1217 St. Paul Street

523 50

94a

MEDICAL CERTIFICATION

1918

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 10469

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth C. Dalton

2. DATE
OF
DEATH

Dec. 3 - 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Spontaneous intra-uterine
fetal death*

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

Coronary Thrombosis

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cholelithiasis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov 28*, 19*51* to *3 Dec*, 19*51* that I last saw the
deceased alive on *23 Nov*, 19*51* and that death occurred at *1 PM*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

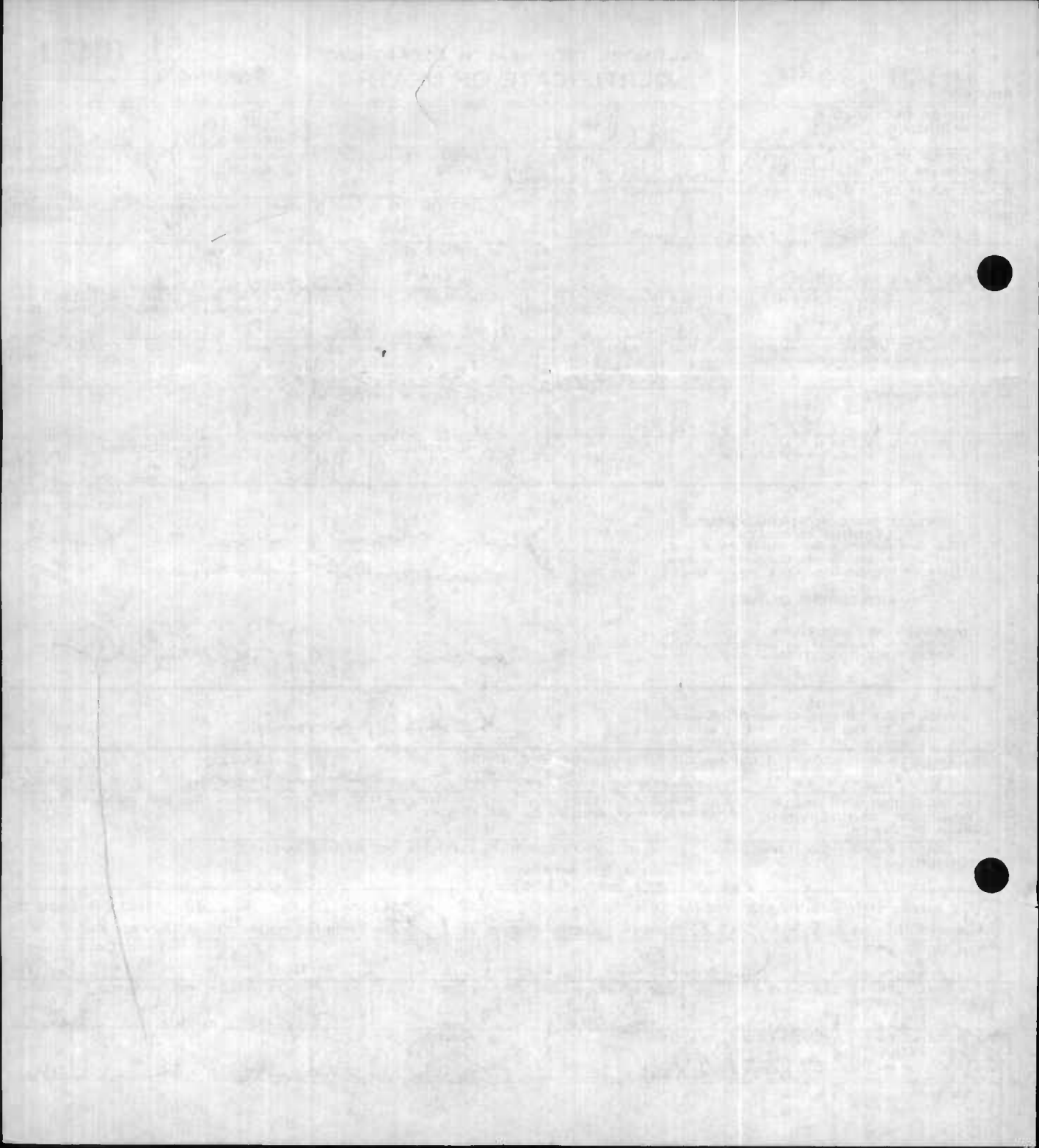
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

REC 4 - 1951



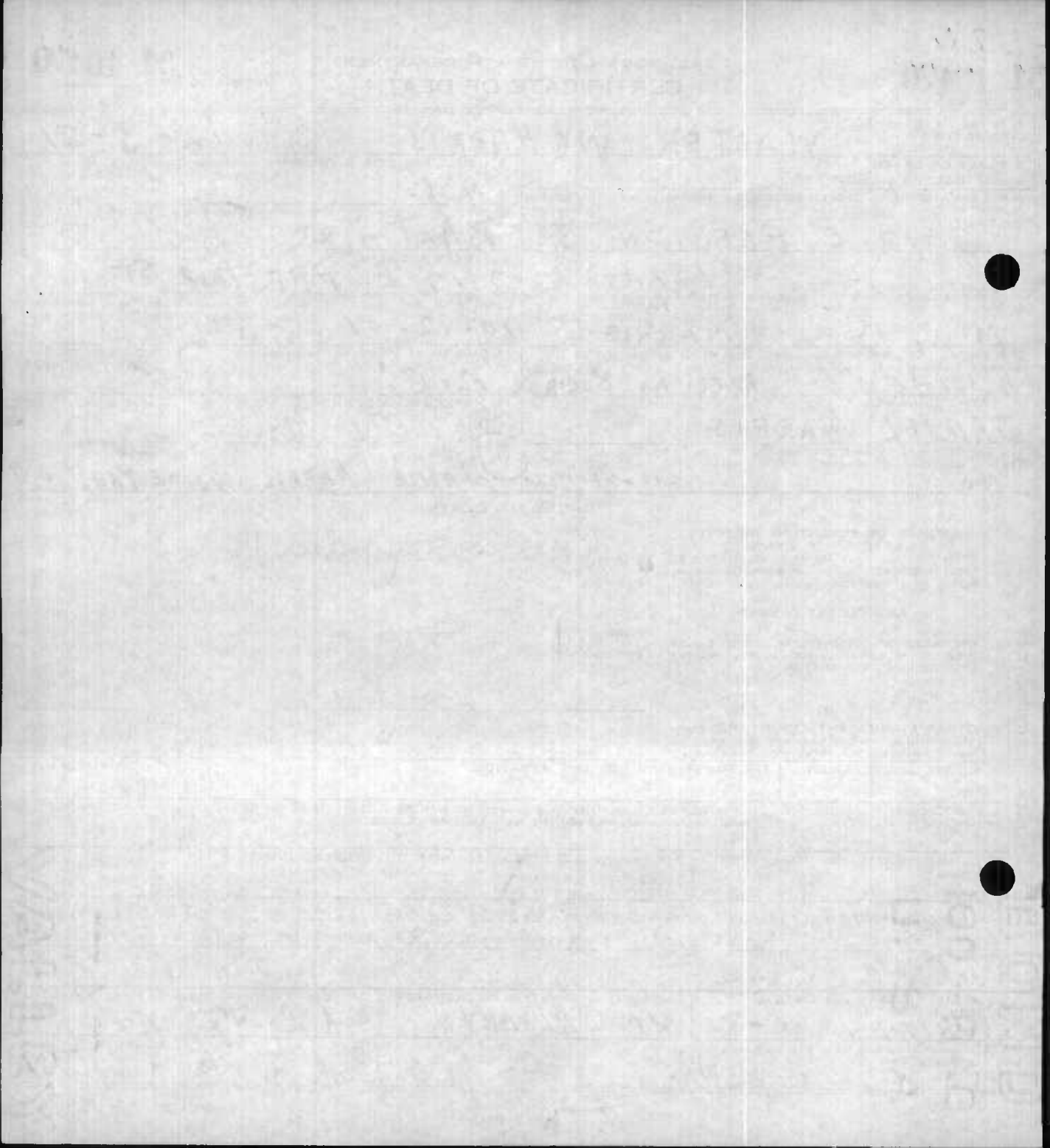
620
51 10470
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10470

1. NAME OF DECEASED (Type or Print) WALTER W. HARRIS				2. DATE OF DEATH 12-3-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE MD. B. COUNTY BALTIMORE			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2017 E. PRESTON ST				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
C. Length of stay in Baltimore 15 YRS				D. STREET ADDRESS (If rural, give location) 2017 E. PRESTON ST			
5. SEX M.	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 10-12-01	9. AGE (In years, last birthday) 50	10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MOULDER		10B. KIND OF BUSINESS OR INDUSTRY AMERICAN Radiator		11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME SAMUEL HARRIS				14. MOTHER'S MAIDEN NAME Jeanette Green			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 213-01-4220		17. INFORMANT ADDRESS ANIE HARRIS 2017 E. PRESTON ST			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH ?			
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Sept. 4 , 1951, to Dec 3 , 1951, that I last saw the deceased alive on Nov 2 , 1951, and that death occurred at 9:30 A.M. , from the causes and on the date stated above.							
23A. SIGNATURE J. H. Adams		23B. ADDRESS 1222 N. Caroline		23C. DATE SIGNED 12-4-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 12-6-51		24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY		24D. LOCATION (City, town, or county) (State) A. A. County MD.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951		REGISTRAR'S SIGNATURE Wm. Williams		25. FUNERAL DIRECTOR ADDRESS Joseph B. Locks, Jr. 1304 N. Central Ave			

MEDICAL CERTIFICATION



-600
51 10471
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10471

1. NAME OF DECEASED (Type or Print) <i>Horace Gray</i>			2. DATE OF DEATH <i>Dec 4-1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>4215 Springwood Ave</i> <i>1 1/2 Yrs. Mos. Days</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 26-01</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>4215 Springwood Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married.</i>	8. DATE OF BIRTH <i>Sept. 11-1883</i>	9. AGE (In years, last birthday) <i>67</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Contractor, Builder</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>own. Business</i>		
11. BIRTHPLACE (State or foreign country) <i>England.</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Edward J. Gray</i>			14. MOTHER'S MAIDEN NAME <i>Eli. Emerson</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>		
17. INFORMANT <i>Mrs. Horace Gray</i>			ADDRESS <i>4215 Springwood Ave</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>193X I</i>			CAUSE OF DEATH (A) <i>Glionia Left Frontal Pole of Brain</i> DUE TO (B) <i>arterio sclerosis generalized</i> DUE TO (C)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov 30</i> , 19 <i>51</i> , to <i>Dec 4</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>Dec 3</i> , 19 <i>51</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Walter Anderson</i>			23B. ADDRESS <i>3001 Shawan Dr</i>		23C. DATE SIGNED <i>Dec 4-51</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>CREMATION</i>		24B. DATE <i>12/5/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenmont Cem</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto md.</i>		25. FUNERAL DIRECTOR <i>Lussan Funeral Home 7401 Belair Rd.</i>			

MEDICAL CERTIFICATION

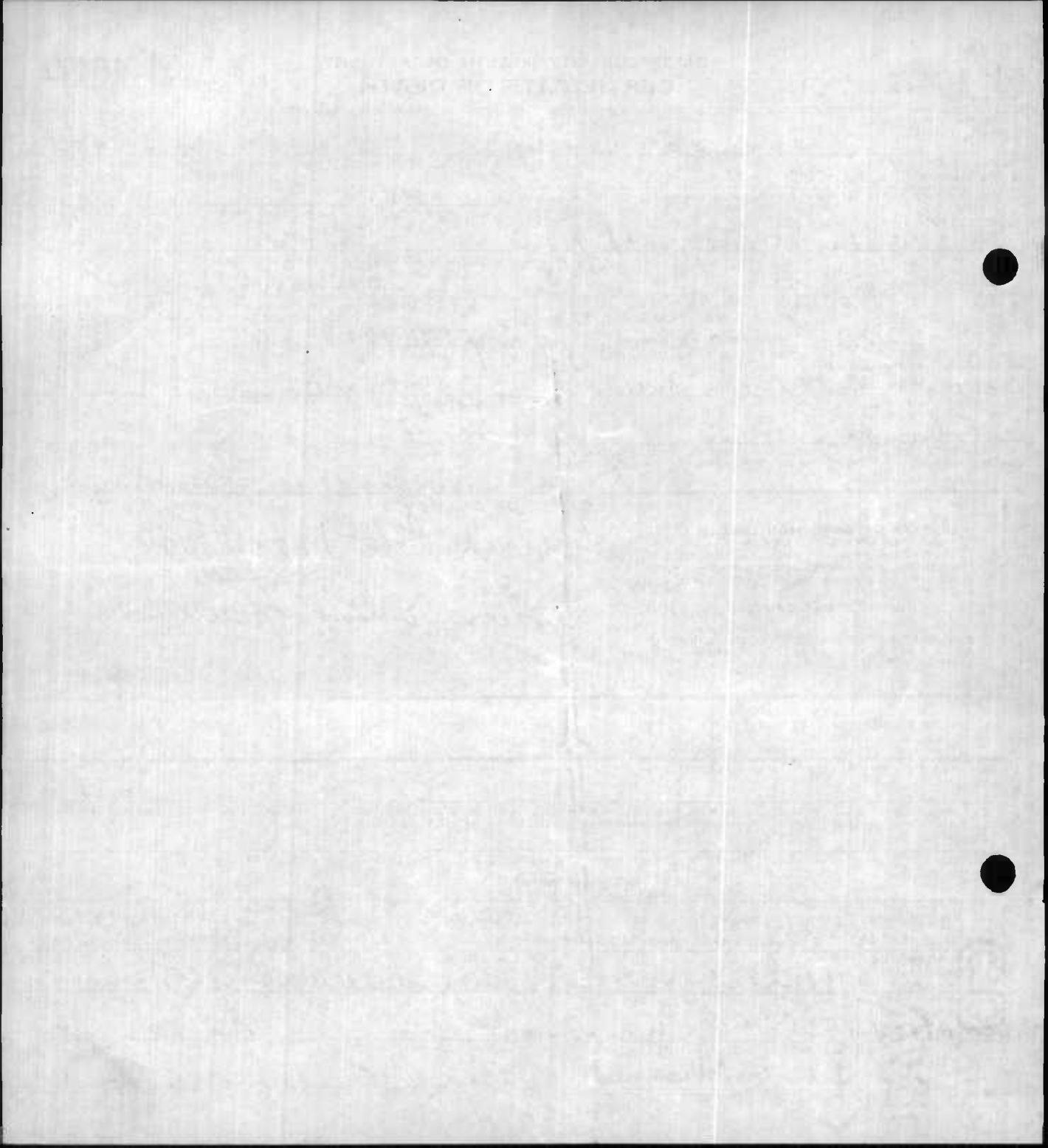
DATE RECEIVED BY LOCAL REGISTRAR

DEC 4-1951

VS 150

29024

54a



453
51 10472BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10472
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Josephs Hollands Jr.</u>			2. DATE OF DEATH <u>Dec 2, 1951.</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>4111 Southern Ave.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
c. Length of stay in Baltimore <u>51</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>4111 Southern Ave.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 12, 1878.</u>	9. AGE (In years last birthday) <u>73.</u>	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			11. BIRTHPLACE (State or foreign country) <u>Balto Co. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13. FATHER'S NAME <u>Jos Hollands Sr.</u>			14. MOTHER'S MAIDEN NAME <u>Mary Smith</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT ADDRESS <u>Mrs Jos Hollands 4111 Southern Ave.</u>					

18. <u>470.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Heart Disease</u> DUE TO (A) _____	INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks.</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arteriosclerotic Heart Disease</u> DUE TO (B) _____	<u>many years</u>
(C) _____	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to Dec 2, 1951, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 7 a. m., from the causes and on the date stated above.

23A. SIGNATURE <u>Max K. English</u>	23B. ADDRESS <u>5713 Belair Rd.</u>	23C. DATE SIGNED <u>12-3-51</u>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12-5- 1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood Cemetery.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto Md</u>
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DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 4 - 1951</u>	REGISTRAR'S SIGNATURE <u>Wmington Williams, Md</u>	25. FUNERAL DIRECTOR <u>Lassahon Funeral Home 7401 Belair Rd.</u>
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Do. Eng. 1. 34.

520
51 10473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10473

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Wm Jones</i>			2. DATE OF DEATH <i>12/1 - 51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>125</i> 215 E. 23rd. Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>12-04</i> Baltimore,		
D. STREET ADDRESS (If rural, give location) 215 E. 23rd. Street			E. LENGTH OF STAY IN BALTIMORE 30 yrs.		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 2, 1889	9. AGE (in years last birthday) 62	10. UNDER 1 YEAR Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY <i>See</i>		
11. BIRTHPLACE (State or foreign country) Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Charles Jones			14. MOTHER'S MAIDEN NAME Susan Smith		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) ?			16. SOCIAL SECURITY NO. ?		
17. INFORMANT Mrs. Otealis J. Hatchett 609 Round View Rd			ADDRESS		

18. <i>592x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Chy. Nephritis & Uremia</i> (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>11/15 - 30</i> to <i>12/1</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>12/1</i> , 19 <i>51</i> , and that death occurred at <i>30</i> m., from the causes and on the date stated above.		
23A. SIGNATURE <i>BK A. Belta</i>	23B. ADDRESS <i>2139 Dumb Hill</i>	23C. DATE SIGNED <i>12/1 - 51</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-4-51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24D. LOCATION (City, town, or county) (State) Anne Arundel County, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951	REGISTRAR'S SIGNATURE <i>Wm. Williams</i>	25. FUNERAL DIRECTOR <i>Raefner Sanders</i>	ADDRESS 217 E. Preston St.

1941

10/1 - 10/1

10/1 - 10/1

10/1 - 10/1

10/1 - 10/1

10/1 - 10/1

10/1 - 10/1

650

51 10474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10474
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS GALE BROWN

2. DATE
OF
DEATH

12/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission)

A. STATE

B. COUNTY

neuborn. Harford

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

md. Belair

D. STREET ADDRESS (If rural, give location)

R.D #2

Belair md. 6204

C. Length of stay in Baltimore

1

Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

neuborn.

8. DATE OF BIRTH

12/1/51

9. AGE (in years last birthday)

3

10. Under 1 Year Months: Days: Hours: Min.

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

neuborn

10B. KIND OF BUSINESS OR INDUSTRY

neuborn

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Gale Brown

14. MOTHER'S MAIDEN NAME

Mary Lou Walker.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Subarachnoid hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Bronchopneumonia

DUE TO

(C)

Scleroderma.

INTERVAL BETWEEN ONSET AND DEATH

3

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Premature

3

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

no

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3 3:20 PM, 1951, to 12/3, 1951, that I last saw the deceased alive on 12-20, 1951, and that death occurred at 6:20 m., from the causes and on the date stated above.

23A. SIGNATURE

F. R. Perille

M. D.

23B. ADDRESS

Mercy Hosp.

23C. DATE SIGNED

12/3/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Dec 5, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Grove Cem

24D. LOCATION (City, town, or county) (State)

Harford Co, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, Jr

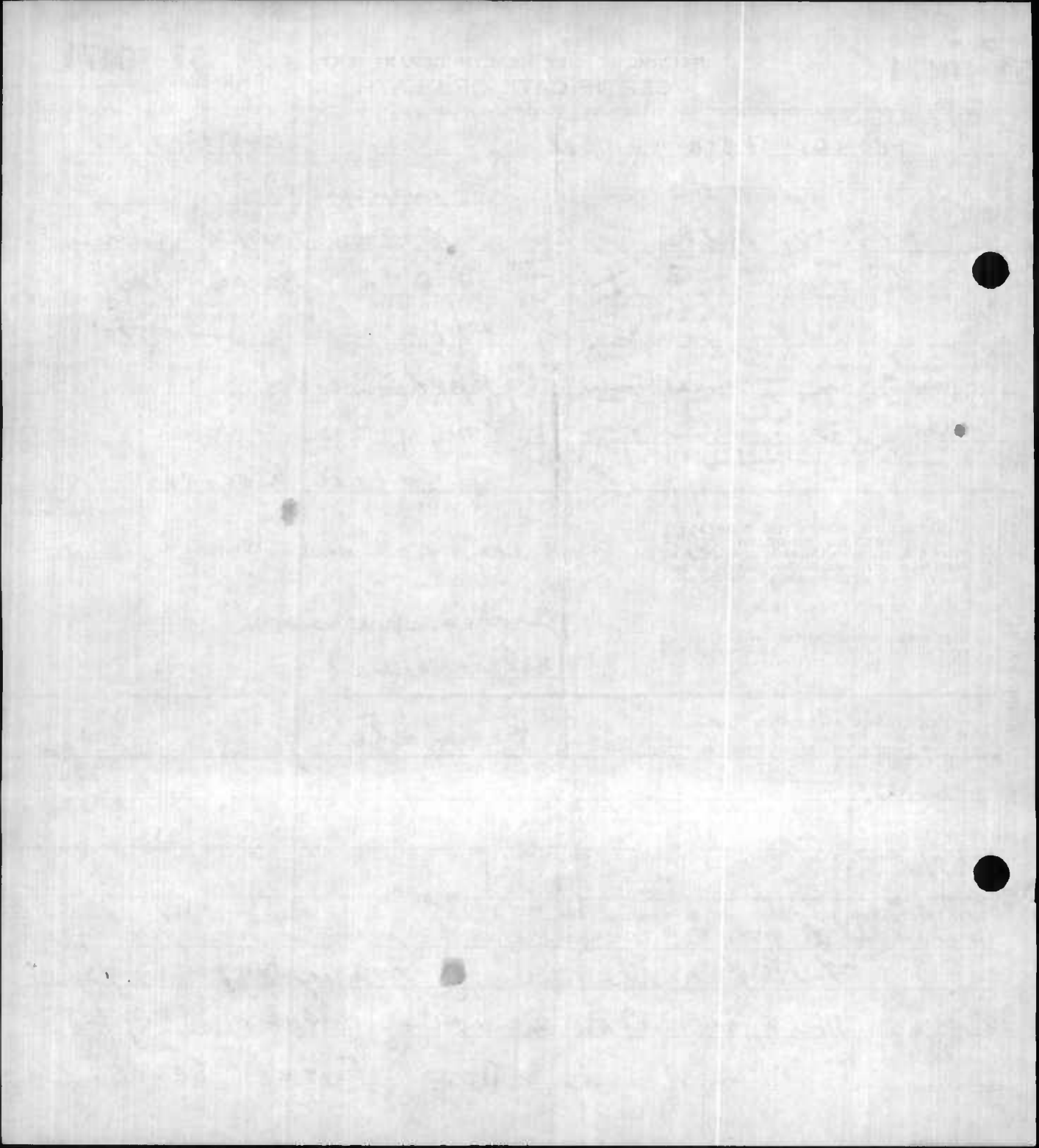
25. FUNERAL DIRECTOR

ADDRESS

Jos. T. Foster BELAIR Md

DEC 4 1951

160a



616
51 10475BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10475

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IRENE W CARVER

2. DATE
OF DEATH 12-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

MARYLAND

B. COUNTY

Baltimore

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Bel Air

D. STREET ADDRESS (If rural, give location)

220 BROADWAY

6200

5. SEX

F

6. COLOR OR RACE

Wh.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

APRIL 14, 1870

9. AGE (in years

last birthday)

81

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas Wilkinson

14. MOTHER'S MAIDEN NAME

Elizabeth Osborne

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Herbert L. McComas Bel Air Md

18.

153X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Generalized Peritonitis

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of sigmoid colon

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11-26-51

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF SIGMOID COLON & EXTENSION TO SMALL INTESTINE

+ to Lateral WALL

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCTOBER 23, 1951, to DEC. 3, 1951, that I last saw the
deceased alive on DEC. 3, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles H. Watt, Jr.

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

12/3/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec 5/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion

24D. LOCATION (City, town, or county)

Fountain Green

(State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

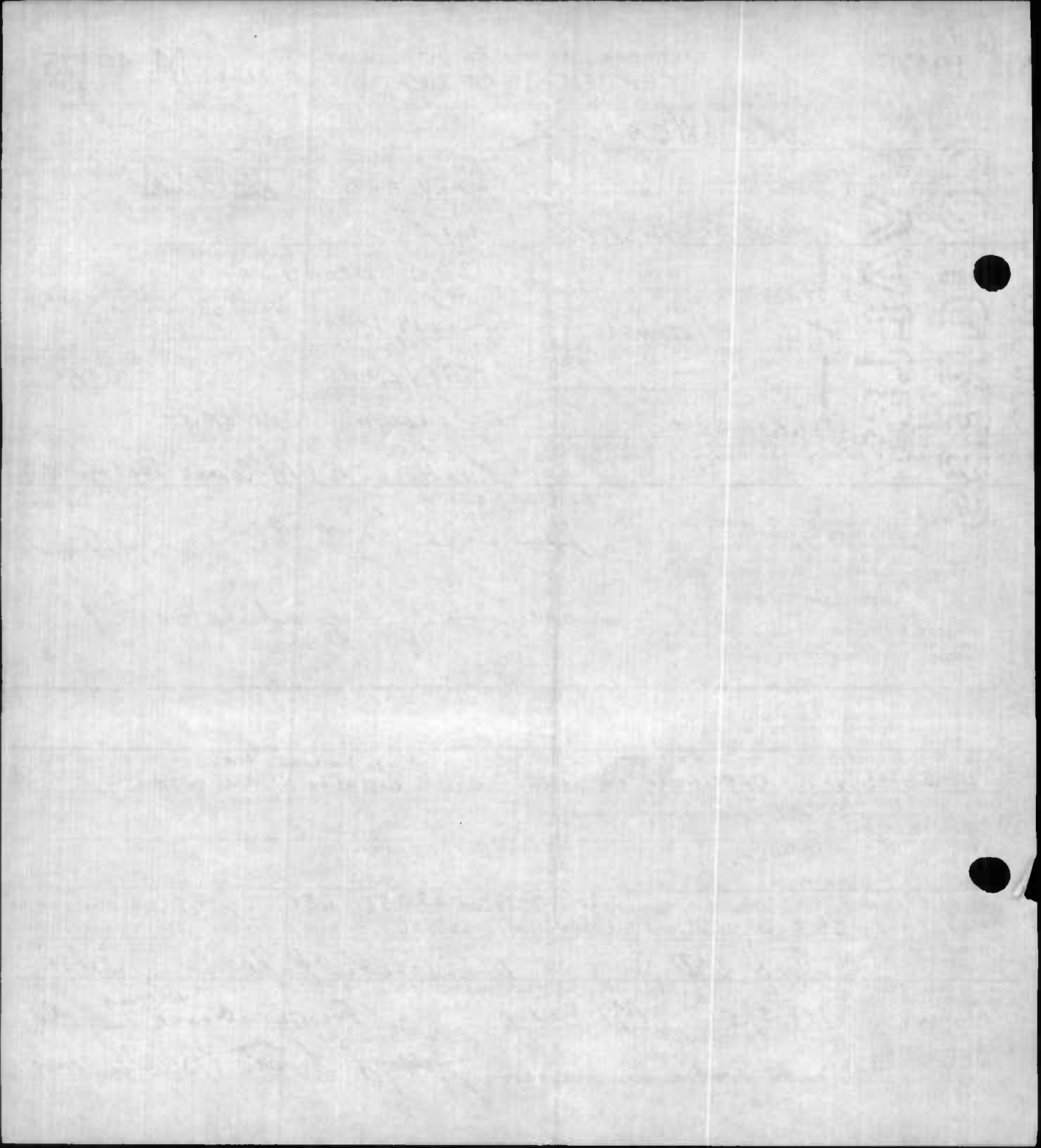
REGISTRAR'S SIGNATURE

Joseph L. Tate

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Tate Bel Air Md



522
10476

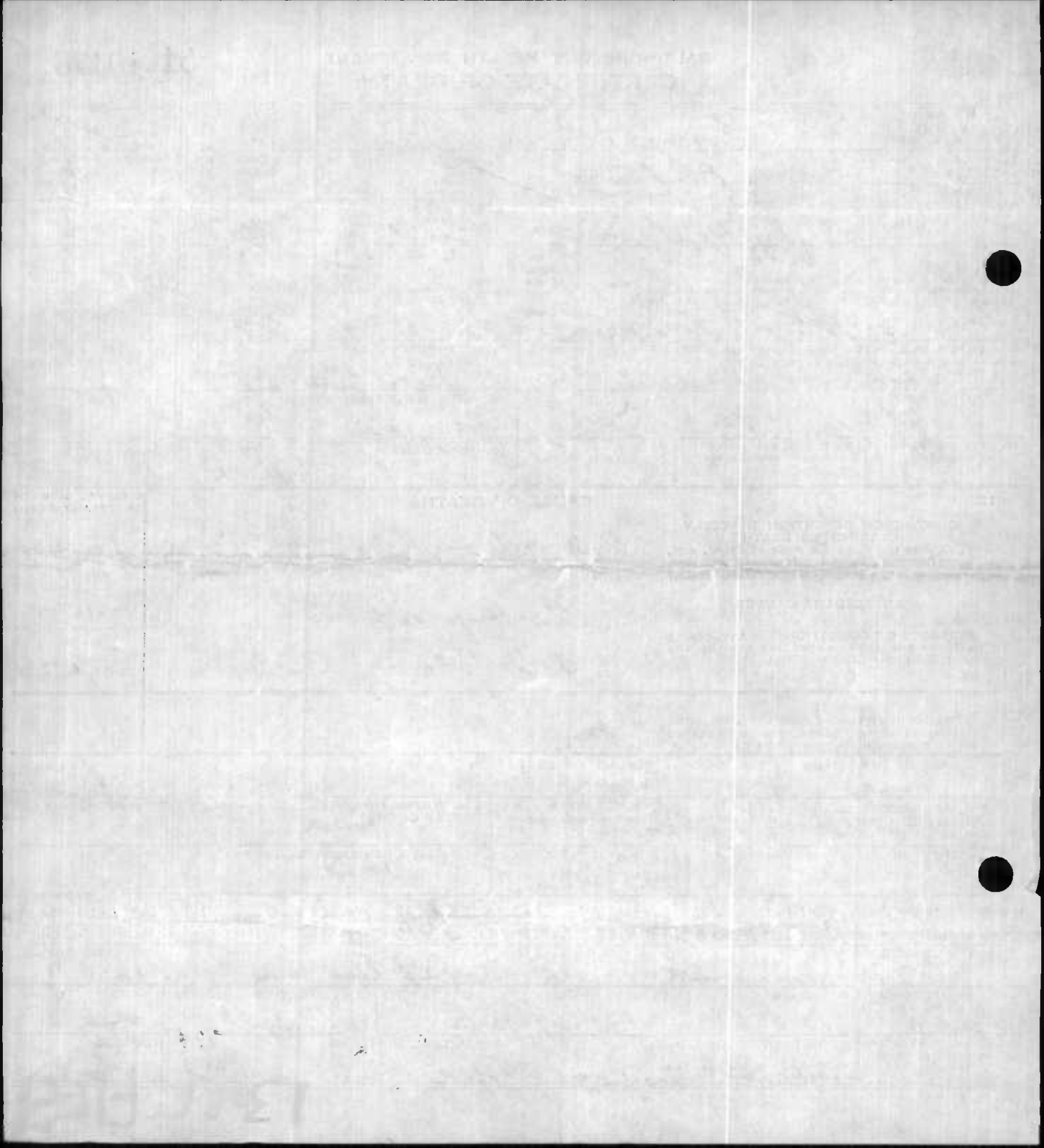
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10476

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		George Banashak		12-1-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
Baltimore		Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
3111 Fleet Street		Baltimore - Md			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Life		3111 Fleet Street			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years, last birthday)	10. Under 1 Year Months: Days
M.	W.	Widowed	10-18-74	77	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Laborer		American Can	Baltimore - Md.		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Joseph Banashak		Josephina			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
			Lawrence Banashak - 121 S. Clinton St		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 I		Arteriosclerotic Hypertension C.V. System		Jan 15/49	
DUE TO		(B) Chr. Myocarditis		Jan 12/49	
DUE TO		(C) Acute Primary Occlusion		Dec 1, 1951	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
None		None		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		None		None	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
None		None		None	
22. I hereby certify that I attended the deceased from 1-15-49, 19, to Dec 1, 1951, that I last saw the deceased alive on Nov 29, 1951, and that death occurred at 6:00 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
E. Schimmuck		842 S. East Ave		12-3-51	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12-5-51		Holy Rosary	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Balto - Md		Lilly + John		403 S. Walk St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
DEC 4 - 1951		L. J. Williams			

MEDICAL CERTIFICATION

93D



251 10477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10477
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) HARRY A. MYRICK			2. DATE OF DEATH 12-2-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			5. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
6. FULL NAME OF HOSPITAL OR INSTITUTION 3505 Chestnut Avenue			7. STREET ADDRESS (If rural, give location) 3505 Chestnut Avenue			8. DATE OF BIRTH Dec. 4, 1906		
9. SEX Male			10. COLOR OR RACE White			11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		
12. LENGTH OF STAY IN BALTIMORE			13. AGE (in years last birthday) 45			14. BIRTHPLACE (State or foreign country)		
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic			16. KIND OF BUSINESS OR INDUSTRY Monarch Products			17. CITIZEN OF WHAT COUNTRY?		
18. FATHER'S NAME James T Myrick			19. MOTHER'S MAIDEN NAME NETTIE ?			20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		
21. SOCIAL SECURITY NO.			22. INFORMANT PEARL M KING			23. ADDRESS 3505 Chestnut Ave.		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 023X I Luetic heart disease		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley A. Dunlop</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 12-3-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial PK	
24D. LOCATION (City, town, or county) (State) Taylor Ave		25. FUNERAL DIRECTOR <i>Paul E. Schenck</i>		25. ADDRESS 3615-12 Chestnut Ave	

DEC 4 - 1951
V S 151

55035

30E

MEDICAL CERTIFICATION

10001 15

RECEIVED

10001 12



62
51 10478BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10478
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Beulah E. Pepersack

2. DATE
OF
DEATH

12/2/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

SINAI

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

3613 Buena Vista Ave.

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 7, 1907

9. AGE (in years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

-

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-16-9007

17. INFORMANT

ADDRESS

Henry W. Pepersack

3613 Buena Vista Ave.

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinomatosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

11-9-57

12-2-57

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardiac failure

DUE TO

11-30-57

12-2-57

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1949

19B. MAJOR FINDINGS OF OPERATION

carcinoma of stomach

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9 1951, to 12/2 1951, that I last saw the
deceased alive on 12/2 1951 and that death occurred at 5th p.m., from the causes and on the date stated above.

23A. SIGNATURE

Elmer B. Bergant

M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

12/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

12/5/51

24C. NAME OF CEMETERY OR CREMATORY

St Marys Cemetery

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, Jr.

25. FUNERAL DIRECTOR

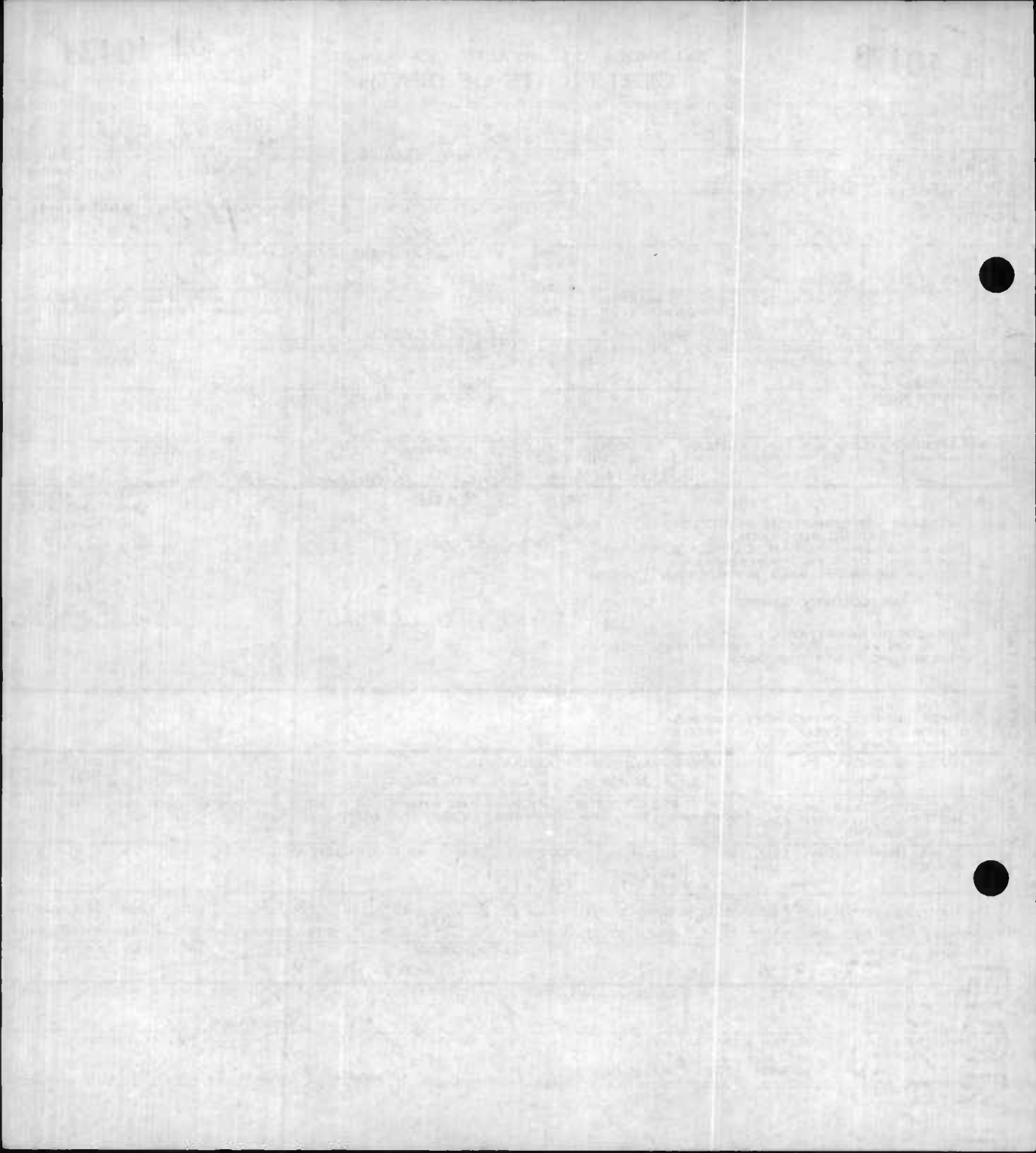
ADDRESS

Paul J. Schmitt, Jr. 3657 Chestnut Ave

DEC 4 - 1951

VS 150

46B



500
51 10479BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10479
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie Payne.

2. DATE
OF
DEATH

Dec. 1, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1622 W. Franklin St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1622 W. Franklin St.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow.

8. DATE OF BIRTH

Nov. 14, 1881.

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lensburg, Virginia.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Unknown.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Brogden. 1622 W. Franklin St.

18.

331X1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

11 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

arterio Sclerosis

Unknown

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-19, 1951, to 12-1-1951 that I last saw the
deceased alive on 11-30-1951, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Frank A. Saunders M.D.

1029 W. Stricker St.

12-3-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1951

Wm. H. Williams, M.D.

Mrs. Katie P. Williams

Schroeder St.

RECEIVED
JAN 10 1964
U.S. DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C.

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official letter. Two punch holes are visible on the right side of the page.]

400
51 10480BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10480
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Maggie Hall.

2. DATE
OF
DEATH

Dec. I, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

328 N. Stricker St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2003 W. Mulberry St.

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April, 1, 1891.

9. AGE (In years last birthday)

70

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown.

14. MOTHER'S MAIDEN NAME

Unknown.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Viola Henson. 328 N. Stricker St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7/51, to 11/26/51, that I last saw the deceased alive on 11/26/51, and that death occurred at 4:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1951

VS 150

93a

11-20-50

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH

11-20-50

NOTICE

That the undersigned
do hereby certify that
the following is a true and
correct copy of the
original as the same appears
in the records of the
Bureau of Public Health
of the United States
Department of Health

Witness my hand and
the seal of the Bureau
of Public Health at
Washington, D. C.
this 11th day of
November, 1950.

W. H. H. H. H.
W. H. H. H. H.
W. H. H. H. H.
W. H. H. H. H.
W. H. H. H. H.

000
51 10481BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10481
Registered No.

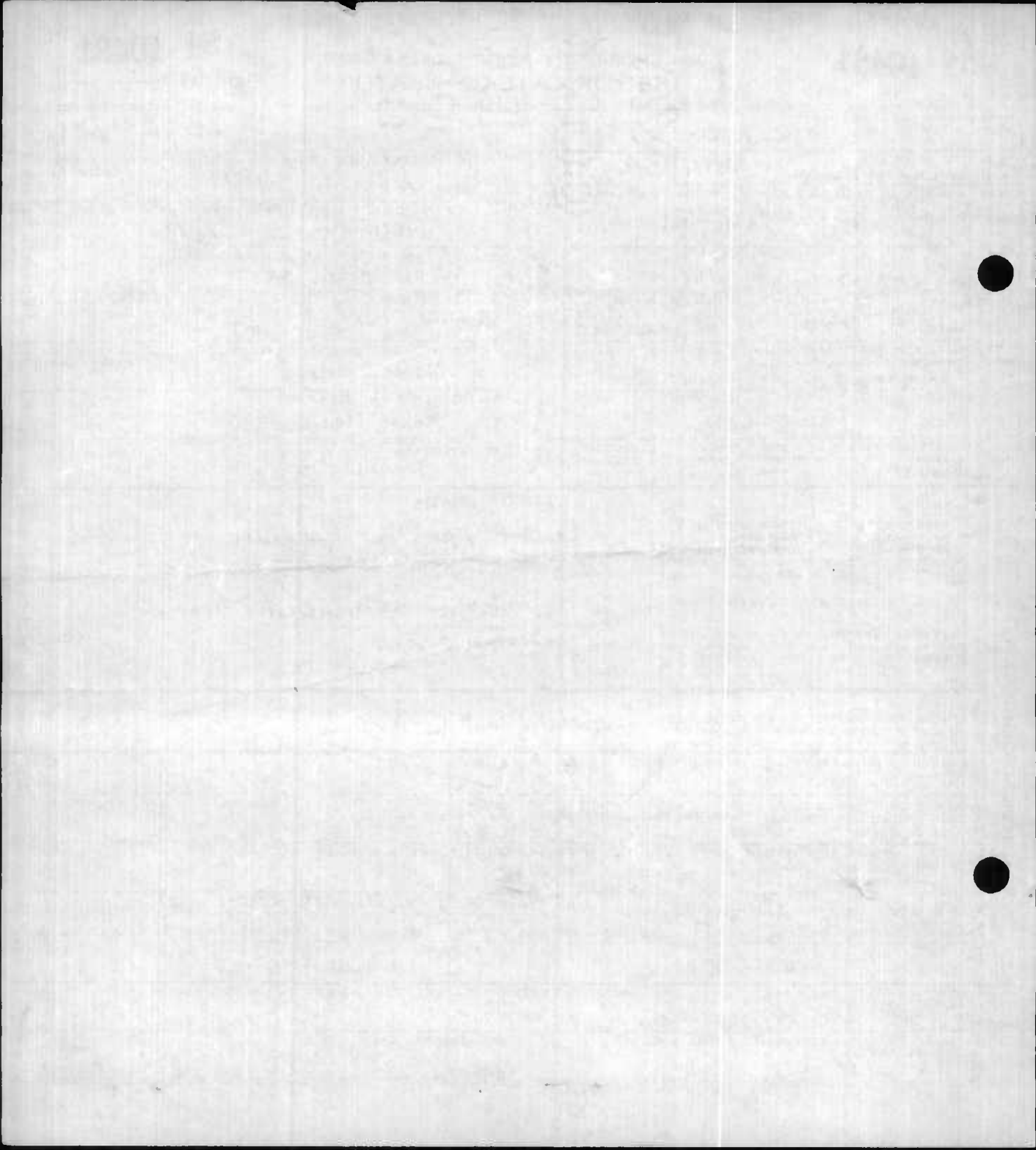
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Frank Shaw		2. DATE OF DEATH Dec. 2, 1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-32	
Length of stay in Baltimore 16 Yrs. 16 Mos. 16 Days		D. STREET ADDRESS (If rural, give location) 2701 Bena Rd.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-14-1886
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 65
11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME David Shaw		14. MOTHER'S MAIDEN NAME Rosie Harriet	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. —	
17. INFORMANT Patent. —		ADDRESS	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular accident	CAUSE OF DEATH (A) Cerebral vascular accident DUE TO (B) Hypertensive arteriosclerotic cardio-vascular disease DUE TO (C) Diabetes mellitus tendency	INTERVAL BETWEEN ONSET AND DEATH 9 days. unknown ?
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus tendency		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 11-22 , 19 57 , to 12-2 , 19 57 , that I last saw the deceased alive on 12-2 , 19 57 , and that death occurred at 7²⁵ a. m., from the causes and on the date stated above.				
23A. SIGNATURE Frank Katic		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED 12-2-57

24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 12/6/1957	24C. NAME OF CEMETERY OR CREMATORY Wilson D.C.	24D. LOCATION (City, town, or county) (State) Wilson D.C.
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1957		REGISTRAR'S SIGNATURE Mrs. Kate R. Williams	
25. FUNERAL DIRECTOR Mrs. Kate R. Williams		ADDRESS Schneider St	



320
51 10482BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10482
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Hubert F. Lethco			2. DATE OF DEATH 12-3-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2737 Riggs Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-06		
Length of stay in Baltimore 10--Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2737 Riggs Ave.,		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1907	9. AGE (In years last birthday) 44	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder			10B. KIND OF BUSINESS OR INDUSTRY Balto. Porcelain & Steel Co.		
11. BIRTHPLACE (State or foreign country) N.C.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frank Lethco			14. MOTHER'S MAIDEN NAME Eva Hodgkin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 219-03-8954		
17. INFORMANT Mrs. Rosa M. Lethco			ADDRESS 2737 Riggs Ave.,		

18. 180X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Chronic Kidney DUE TO with metastases (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
---	--	----------------------------------

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1st, 1951, to Dec 3rd, 1951, that I last saw the deceased alive on Dec 3, 1951, and that death occurred at 6:45 AM, from the causes and on the date stated above.

23A. SIGNATURE [Signature] M. D. 23B. ADDRESS 3033 Woodward 23C. DATE SIGNED 12/4/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 12-5-1951	24C. NAME OF CEMETERY OR CREMATORY Woodlawn	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR G. Howard Strong	ADDRESS 3207 W. North Ave.,

SECRET

RECEIVED BY THE SECRETARY OF THE ARMY
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

SECRET

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565
51 10483

CERTIFICATE CORRECTED 12-12-51

51 10483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ruth K. Dameron

2. DATE
OF
DEATH

12-4-51

3. PLACE OF DEATH:

(A) Baltimore City, Maryland ✓

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.
Mos.
Days

Life

Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

Dundalk

D. STREET ADDRESS (If rural, give location)

64 Navista Ave.

5300

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

June 9/7/22

9. AGE (In years
last birthday)

29

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John W. Brodowski

14. MOTHER'S MAIDEN NAME

Mary Anna Sakowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT 64 Navista Avenue
Frederick G. Dameron

ADDRESS 22

18. 570.3 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Volvulus of Rt. Colon

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

72 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Tetany

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-2-51

19B. MAJOR FINDINGS OF OPERATION

Gangrenous Rt. Side of Colon

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-51, 19__, to 12-4-51, 19__, that I last saw the
deceased alive on 12-3-51, 19__ and that death occurred at 5:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Calvin Y. Hadish

M. D.

23B. ADDRESS

S. B. G. H.

23C. DATE SIGNED

12-4-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

12/7/51

24C. NAME OF CEMETERY OR CREMATORY

Lutheran Church Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. H. Williams, M.D.

FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

Seymour Sander

VS 150

12213

Dear Sir,
I have the pleasure to inform you that your letter of the 15th inst. has been received and the same has been forwarded to the appropriate authorities for their consideration.
I am, Sir, very respectfully,
Yours faithfully,
[Signature]
[Name]
[Title]

Very truly,
Yours,
[Signature]
[Name]
[Title]

425
51 10484BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10484
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
LOUISE WILSON		Dec. 3, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		STATE Maryland	
HOSPITAL OR INSTITUTION 1754 Bank Street		B. COUNTY	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Life		Baltimore	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
		1754 Bank Street	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
F	W	Widow	June 11, 1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Housework		at home	
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
Anton Rider		Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME	
no		Christina Helmstetter	
16. SOCIAL SECURITY NO.		17. INFORMANT	
none		1754 Bank Street Mrs. Edna Janetzke	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
592X I	(A) <i>Uraemic Coma</i>	5 days
ANTECEDENT CAUSES	DUE TO <i>Chronic Nephritis + generalized atherosclerosis</i>	?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
	DUE TO	
	(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<i>Chronic Myocarditis + Pulmonary</i>	?

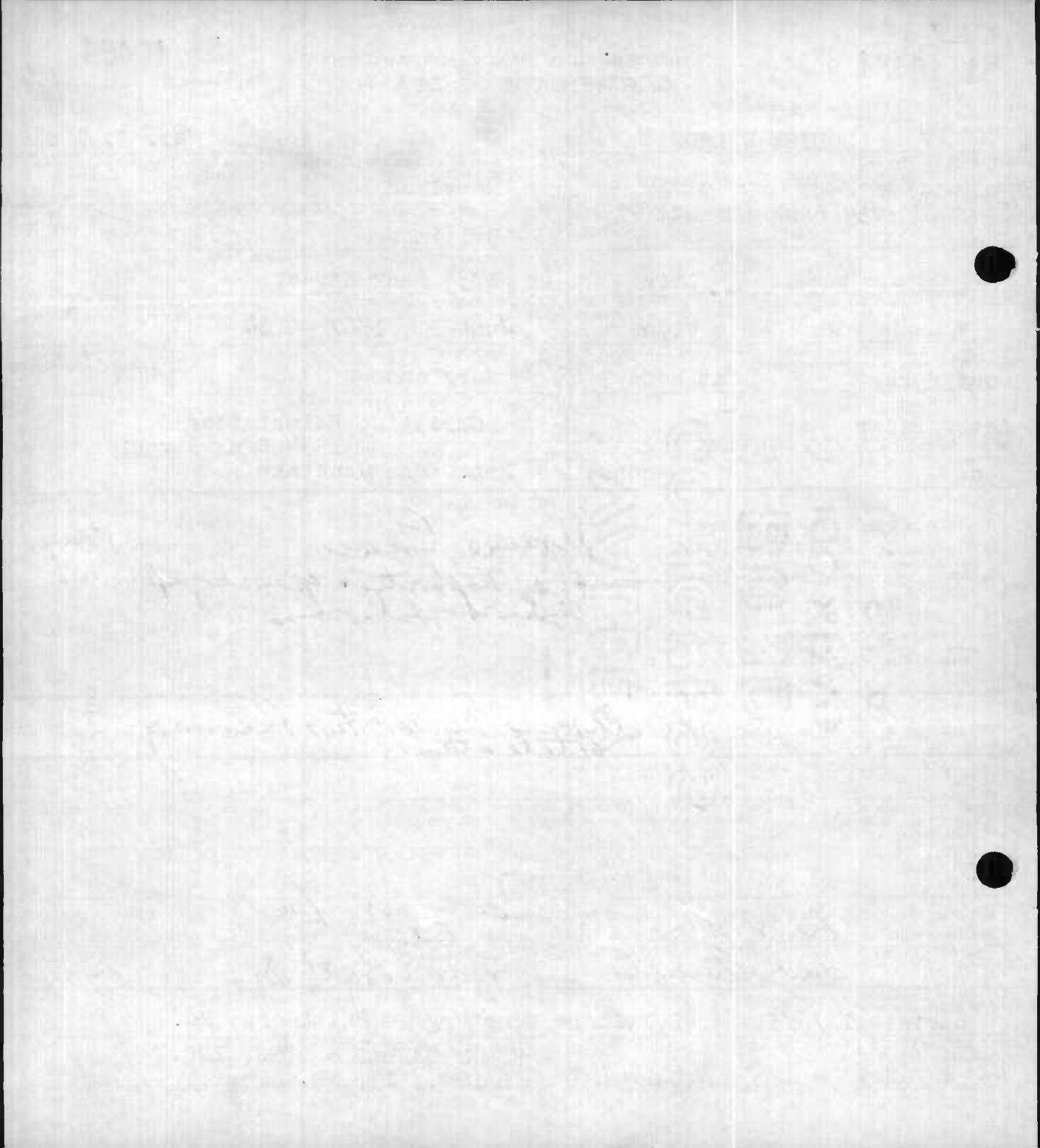
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Jan - 1944 to Dec. 3, 1951, that I last saw the deceased alive on Dec. 2, 1951, and that death occurred at 6A. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
<i>Wm. J. Williams</i>	<i>1700 E. Pratt St.</i>	<i>12/3/51</i>
M. D.		

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
burial	12/6/51	Baltimore Cemetery	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
DEC 4 - 1951	<i>Wm. J. Williams</i>	HENRY SANDER & SONS, INC.	BALTO., 13, MD.



650
51 10485BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10485

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary E. Green</i>		2. DATE OF DEATH <i>Dec. 2, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>9-08</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>2058 Harford Ave</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>3-2-79</i>	9. AGE (In years last birthday) <i>72</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>		11. BIRTHPLACE (State or foreign country) <i>Md</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U SA</i>		13. FATHER'S NAME <i>Garret Hancock</i>		14. MOTHER'S MAIDEN NAME <i>Anna Burlingame</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes/no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. *151X* CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Carcinoma, gastric: metastatic*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

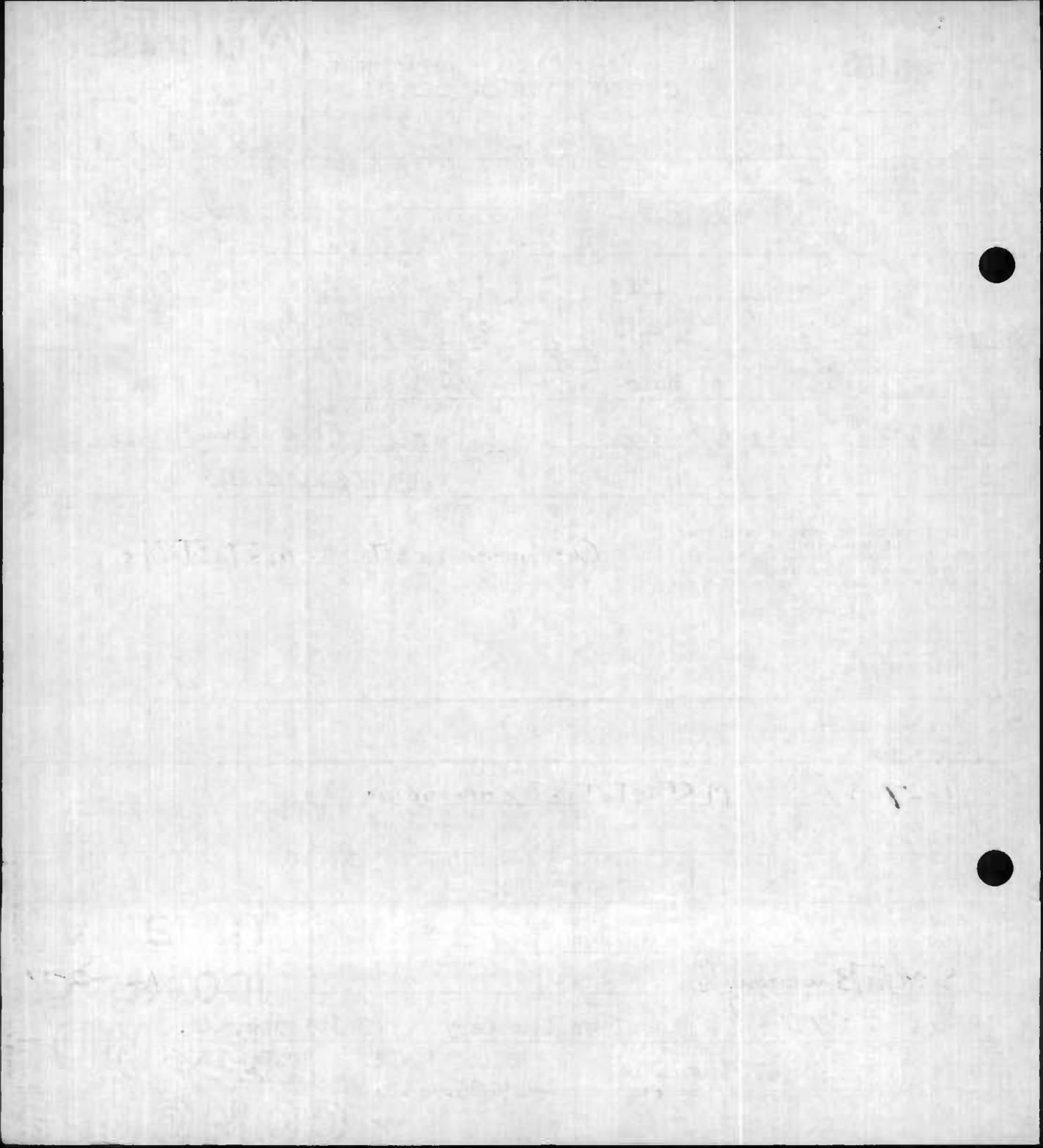
(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>11-27-51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Metastatic carcinoma</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *4/22* *1951*, to *12/2* *1951*, that I last saw the deceased alive on *12/2* *1951*, and that death occurred at *2 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>John B. Burroughs</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>12-2-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>12/5/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		24E. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>		24F. ADDRESS <i>BALTO., 13, MD</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>DEC 4 - 1951</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	
VS 150				<i>46 B</i>	



260
51 10486BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10486
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MILTON GEORGE BAKER			2. DATE OF DEATH 12/1/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived; If in institution: residence before admission) A. STATE MD B. COUNTY 27-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNION MEMORIAL HOSP			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
D. STREET ADDRESS (If rural, give location) 2203 WOODBOURNE AVE			E. LENGTH OF STAY IN BALTIMORE life		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 13, 1904 47		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STAMP VENDING MACHINE BUSINESS			11. BIRTHPLACE (State or foreign country) BALTIMORE MD.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? USA.		
13. FATHER'S NAME MR SAMUEL BAKER			14. MOTHER'S MAIDEN NAME MARGARET SURECK		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) UNKNOWN			16. SOCIAL SECURITY NO.		
17. INFORMANT WIFE - Mrs. A. Marie Baker			18. 420.1		

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

CORONARY OCCLUSION.

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

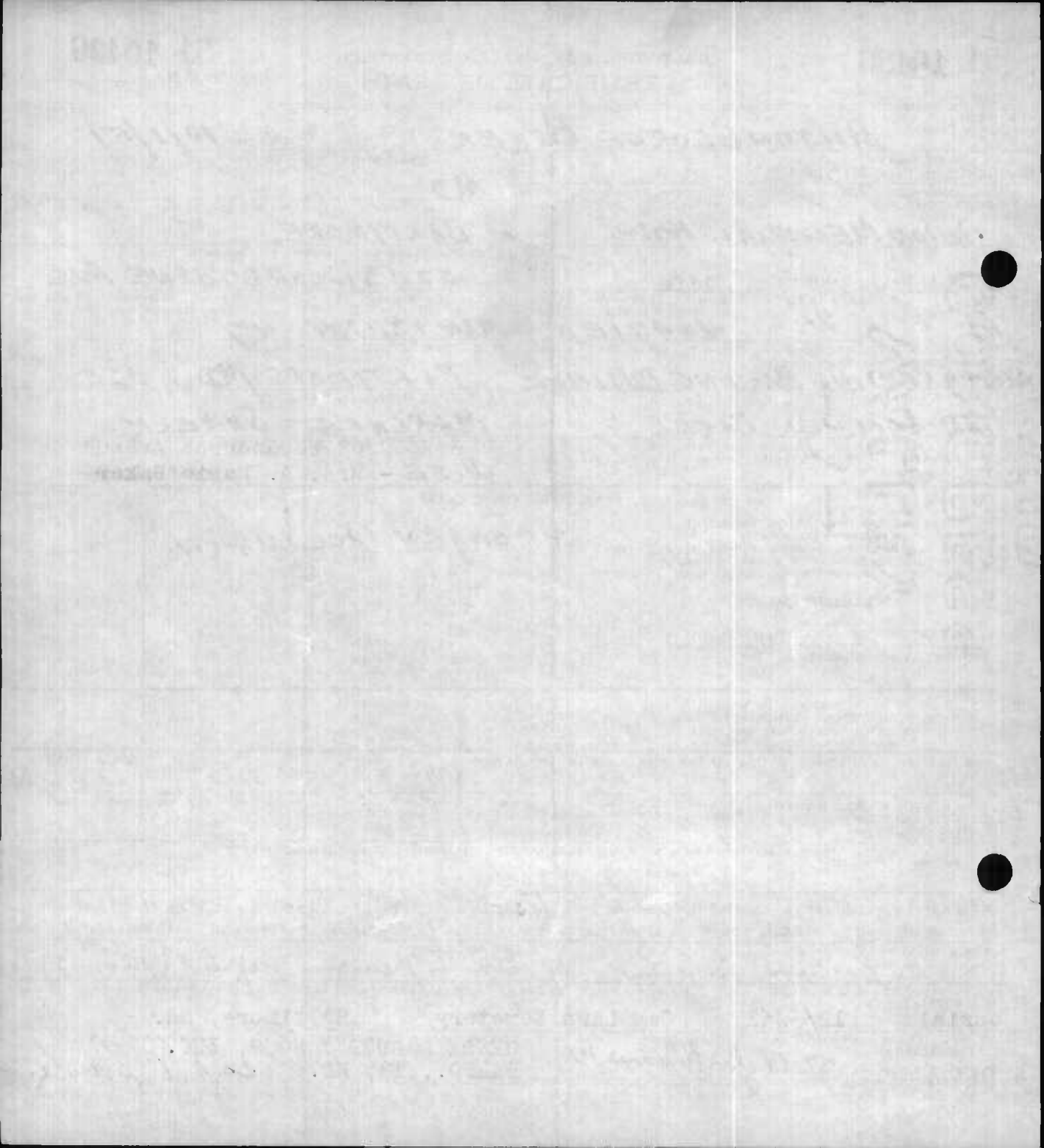
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 28 , 1951, to Dec 1 , 1951, that I last saw the deceased alive on Dec 1 , 1951, and that death occurred at 5:30 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Richard Beach		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 12-1-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., 13, MD.	

VS 150

2906V

94a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10487
Registered No.

1 10487

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FAMMIE M. LEE

2. DATE
OF
DEATH

DEC 3 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

26 PERAL STREET.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

4-02

D. STREET ADDRESS (If rural, give location)

26 PERAL STREET.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 1896

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

FEMALE

WHITE

MARRIED

JAN 18 1886

35

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

GA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

CHARLES. MAY.

14. MOTHER'S MAIDEN NAME

? MORGAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

JAMES R. LEE 26 PERAL STREET.

18.

1718

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 months

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 1951, to Dec 2, 1951 that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 1A m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

DEC 5 1951

MTCARMELO CEM.

O'DONELL ST.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 1951

Huntington Williams, MD

L. J. Pappalardo 1800 CLOMBARD ST.

WIPPI 10

WATER ROSE HILL

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460
61 10488

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10488
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		LORRAINE HOLLY		Dec. 2, 1951	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
A. Baltimore City, Maryland Balto. City		A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
University Hospital		Baltimore			
D. STREET ADDRESS (If rural, give location)		937 Pierce Street			
Length of stay in Baltimore		Life			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	Colored	Single	March-3-1945	6	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
None		School		Baltimore	
12. CITIZEN OF WHAT COUNTRY?		U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Raymond Wilson Jr.		Rose Marie Holly			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				Thelma Holly 937 Pierce Street	

18. 193X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Brain tumor-astrocytoma of pons			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED	
Stanley H. Dunleaver M.D.				Dec. 3, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		12/6/1951		Mt Calvary Cem.	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Brooklyn Md.		Elroy O. Wilson		1000 Brantly ave	

BRIDGE 11

BRIDGE 11
BRIDGE 11

BRIDGE 11



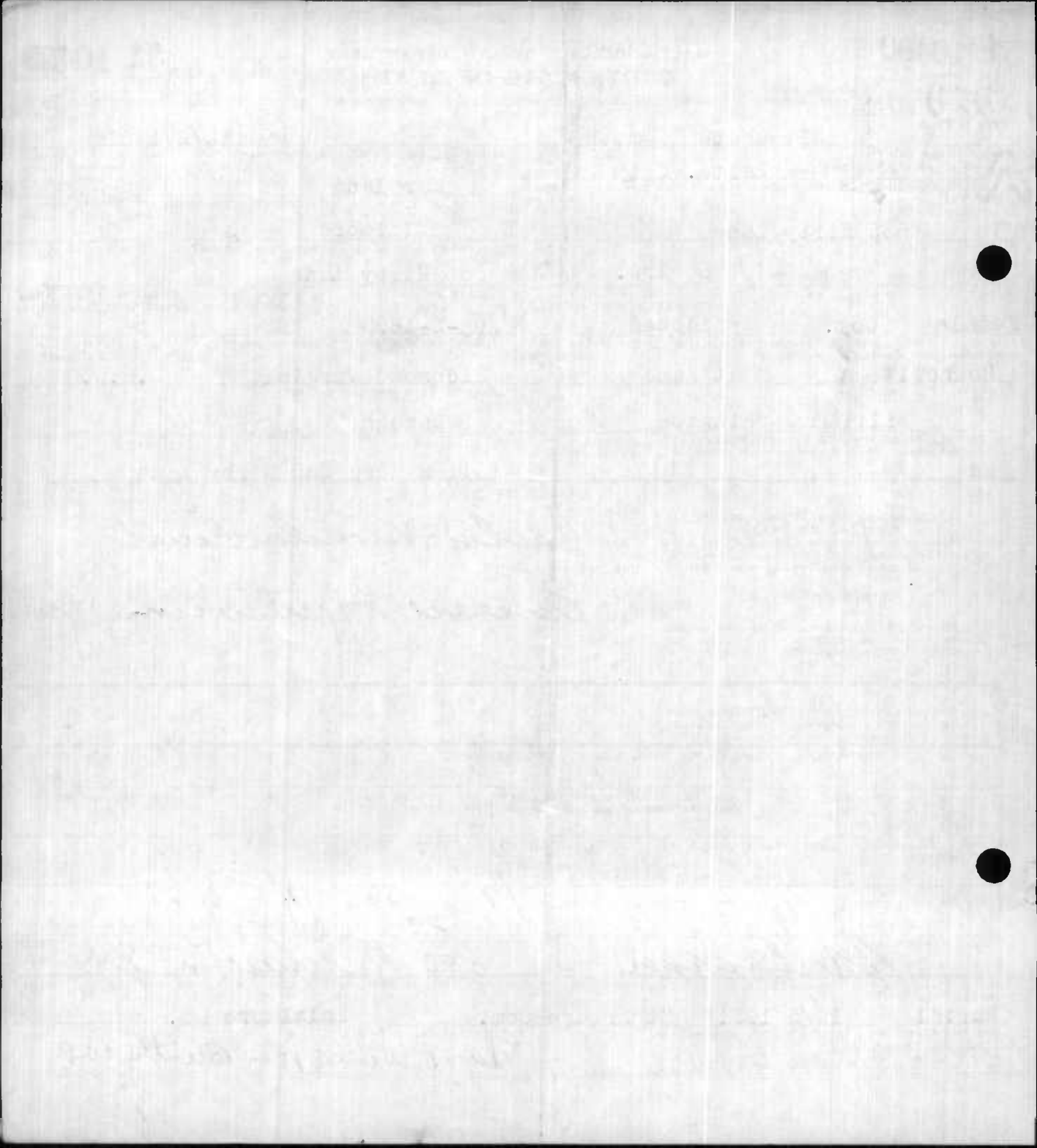
530
51 10489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10489

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Elizabeth Smith</u>			2. DATE OF DEATH <u>12/2/1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>535 Kirby Lane</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
D. STREET ADDRESS (If rural, give location) <u>535 Kirby Lane</u>			E. LENGTH OF STAY IN BALTIMORE <u>50 Yrs.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug-2-1893</u>	9. AGE (In years last birthday) <u>58</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		
11. BIRTHPLACE (State or foreign country) <u>Richmond Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>William Washington</u>			14. MOTHER'S MAIDEN NAME <u>Unkown</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>William Moss</u>			ADDRESS <u>535 Kirby Lane</u>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>44yx</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Antecedent causes</u>			CAUSE OF DEATH (A) <u>Cardio-Vascular-Neural</u> DUE TO (B) <u>Disease Hypertension 1 year</u> DUE TO (C)		
INTERVAL BETWEEN ONSET AND DEATH					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>8/7</u> , 19 <u>50</u> , to <u>12/2</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/24</u> , 19 <u>51</u> , and that death occurred at <u>29</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>M. Jackson</u>		23B. ADDRESS <u>600 N. Ashmun</u>		23C. DATE SIGNED <u>12/4/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>12/5/1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Arburn Cem.</u>	
24D. LOCATION (City, town, or county) <u>Baltimore Md.</u>		24E. FUNERAL DIRECTOR <u>Elroy O. Wilson</u>		24F. ADDRESS <u>1001 Brandy ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 4 - 1951</u>		REGISTRAR'S SIGNATURE <u>William Washington</u>			



653
51 10490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10490

1. NAME OF DECEASED (Type or Print) SARAH C. BURNETT			2. DATE OF DEATH December 3, 1951		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Garrison Nursing Home 2803 Garrison Blvd.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 4003 Belvieu Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 23, 1875	9. AGE (In years, last birthday) 76 yrs	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Fredericksburg, Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alexander Jennings			14. MOTHER'S MAIDEN NAME Rebecca Layton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS Mrs. E. Burnett Jones, 4003 Belvieu Ave.		

15. 156.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Carcinoma Liver		Year
ANTECEDENT CAUSES		(B)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

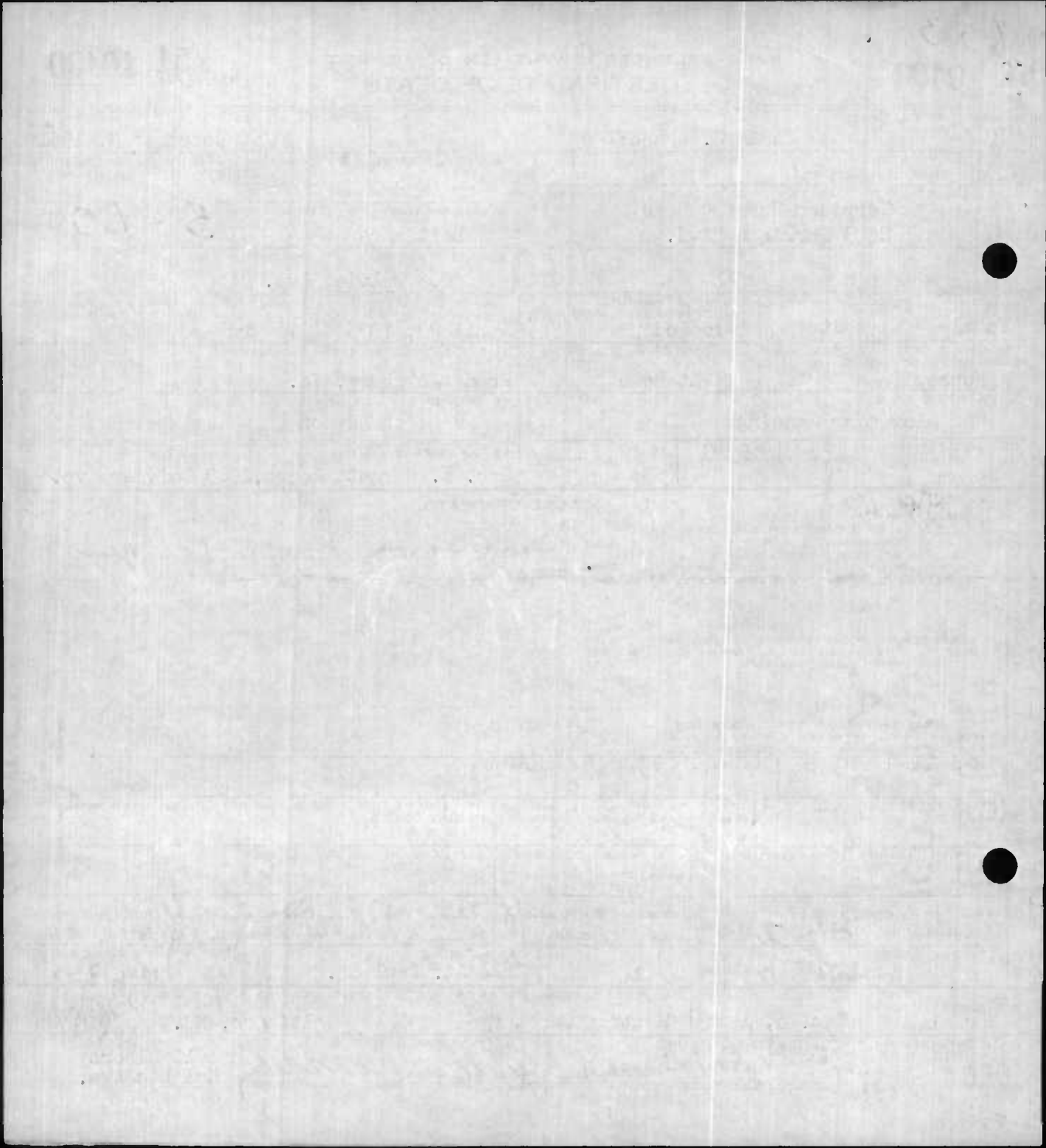
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 20, 1951, to Dec 3, 1951, that I last saw the deceased alive on Dec 2, 1951, and that death occurred at 4 A.M., from the causes and on the date stated above.

23A. SIGNATURE Herbert M. Foster	23B. ADDRESS 2824 St. Paul St.	23C. DATE SIGNED Dec 3 - 51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Dec. 5, 1951	24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951	REGISTRAR'S SIGNATURE L. Williams	25. FUNERAL DIRECTOR J. LaMoreaux	ADDRESS 4510 Liberty Heights Ave. 46F

MEDICAL CERTIFICATION



615

1 10491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

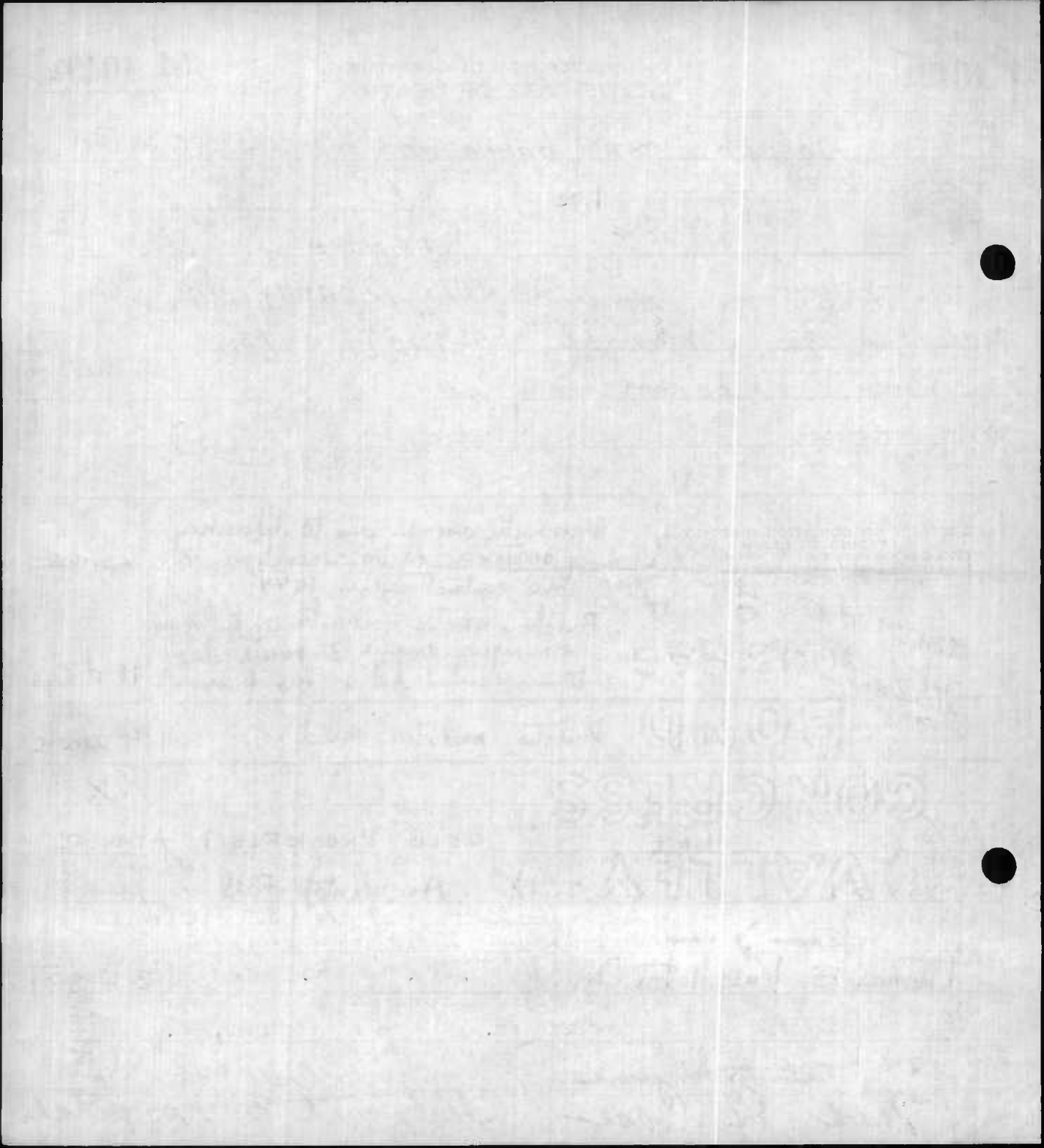
51 10491
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Joseph Clement Charboneau Sr.</u>			2. DATE OF DEATH <u>DEC 3 - 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township) <u>Baltimore, 13-02</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>2016 Brookfield Ave.</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>5-28-79</u>		9. AGE (In years last birthday) <u>72</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Department Store</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <u>Edmond Charboneau</u>		
14. MOTHER'S MAIDEN NAME <u>Unknown</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>JOHNS HOSPITAL</u> ADDRESS		

18. <u>E90301</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>MADEGENTIC ANEMIA DUE TO DEFICIENCY OF INTRINSIC FACTOR SECONDARY TO TOTAL GASTRECTOMY IN 1944</u> DUE TO (A) <u>Fracture greater trochanter of R. femur & superior ramus R. pubis due to accidental fall in his home</u> DUE TO (B) <u>Diabetes melitus mild</u> DUE TO (C) <u>9 years</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>11 days</u> <u>9 years</u>
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19A. DATE OF OPERATION <u>None</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYNING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>2016 BROOKFIELD AVENUE</u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>21 Nov 51</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Accidental Fall - slipped & fell to floor</u>			
22. I hereby certify that I attended the deceased from <u>11-22-</u> , 19 <u>51</u> , to <u>12-3-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12-3-</u> , 19 <u>51</u> , and that death occurred at <u>5-9 a.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Thomas E. Van Matre Jr.</u> M. D.		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>3 Dec 51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>12/5/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Woodlawn, Md. 186a</u>		

DATE RECEIVED BY LOCAL REGISTRAR <u>DEC 4 - 1951</u>	REGISTRAR'S SIGNATURE <u>William J. Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Edm. J. Tichener & Sons - Baltimore</u>	ADDRESS <u>186a</u>
VS 150 870.0 <u>Med. Ex. Case 4906 Released to hospital</u>			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10492**

520
10492
BIRTH NO.

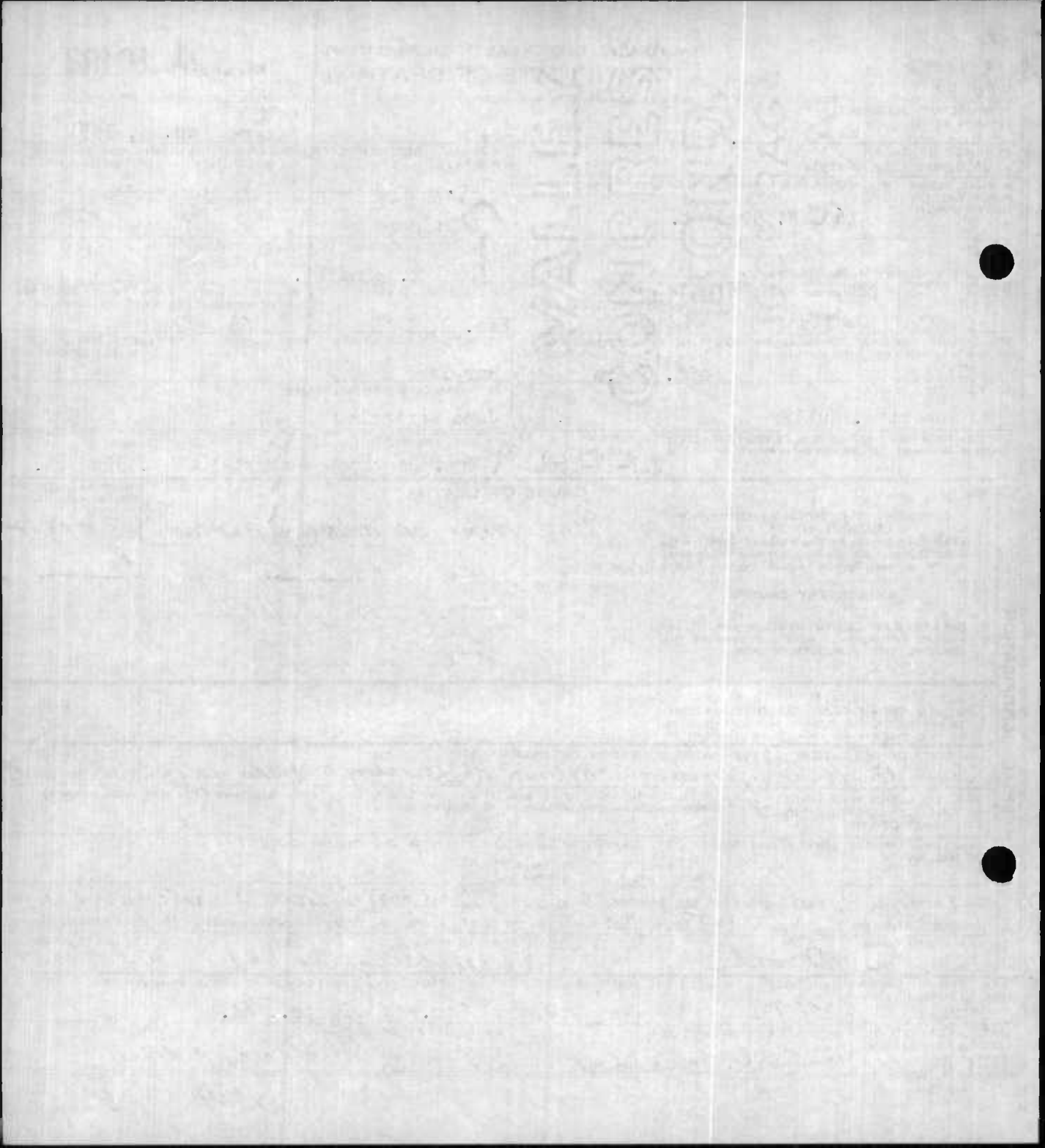
1. NAME OF DECEASED (Type or Print) MARY M. FINK			2. DATE OF DEATH Dec. 3, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 9-06		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1601 E. 32nd St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1601 E. 32nd St.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 3, 1885		9. AGE (In years last birthday) 66 <div style="display: flex; justify-content: space-between; font-size: small;"> H Under 1 Year H Under 24 Hours </div>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10B. KIND OF BUSINESS OR INDUSTRY Retail Dept. Store	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Robert H. Muller			14. MOTHER'S MAIDEN NAME Jane Barthelow		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 217-24-1604	17. INFORMANT ADDRESS Mrs. Margaret Herbert-1601 E. 32nd St.		

<p>18. 181X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA OF URINARY BLADDER DUE TO</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>CAUSE OF DEATH</p> <p>(A) CARCINOMA OF URINARY BLADDER</p> <p>(B) —</p> <p>(C) —</p> <p>INTERVAL BETWEEN ONSET AND DEATH 8 mos. +</p>
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19A. DATE OF OPERATION July 17-1951		19B. MAJOR FINDINGS OF OPERATION Hydronephrosis & hydrocoele (L) secondary to bladder neoplasm		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/3, 1951 , to Dec. 3, 1951 , that I last saw the deceased alive on 12/2, 1951 , and that death occurred at 1 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE W. Machen		23B. ADDRESS 6331 Belair Rd (6)		23C. DATE SIGNED 12/4/1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951		REGISTRAR'S SIGNATURE Wm. J. Sweeney		FUNERAL DIRECTOR'S ADDRESS Wm. J. Sweeney & Sons	

4906C

Balto 17, Md.
52B



520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 10493

BIRTH NO. 10493

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

3506 Ashman St.

8. DATE OF BIRTH

12-26-50

9. AGE (In years last birthday)

11

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Michigan

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Kenneth G. King

14. MOTHER'S MAIDEN NAME

Marjorie Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

since birth

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Transposition of Pulmonary Vessels

20. AUTOPSY

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/26/57 to 12/3/57, that I last saw the deceased alive on 12/3/57, and that death occurred at 11:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

David S. Salistone Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

12-3-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

12/1/57

24C. NAME OF CEMETERY OR CREMATORY

Midland Cem.

24D. LOCATION (City, town, or county)

Midland, Mich.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Wm. J. Lickens & Son

ADDRESS

157 E. Balto 17, Md.

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

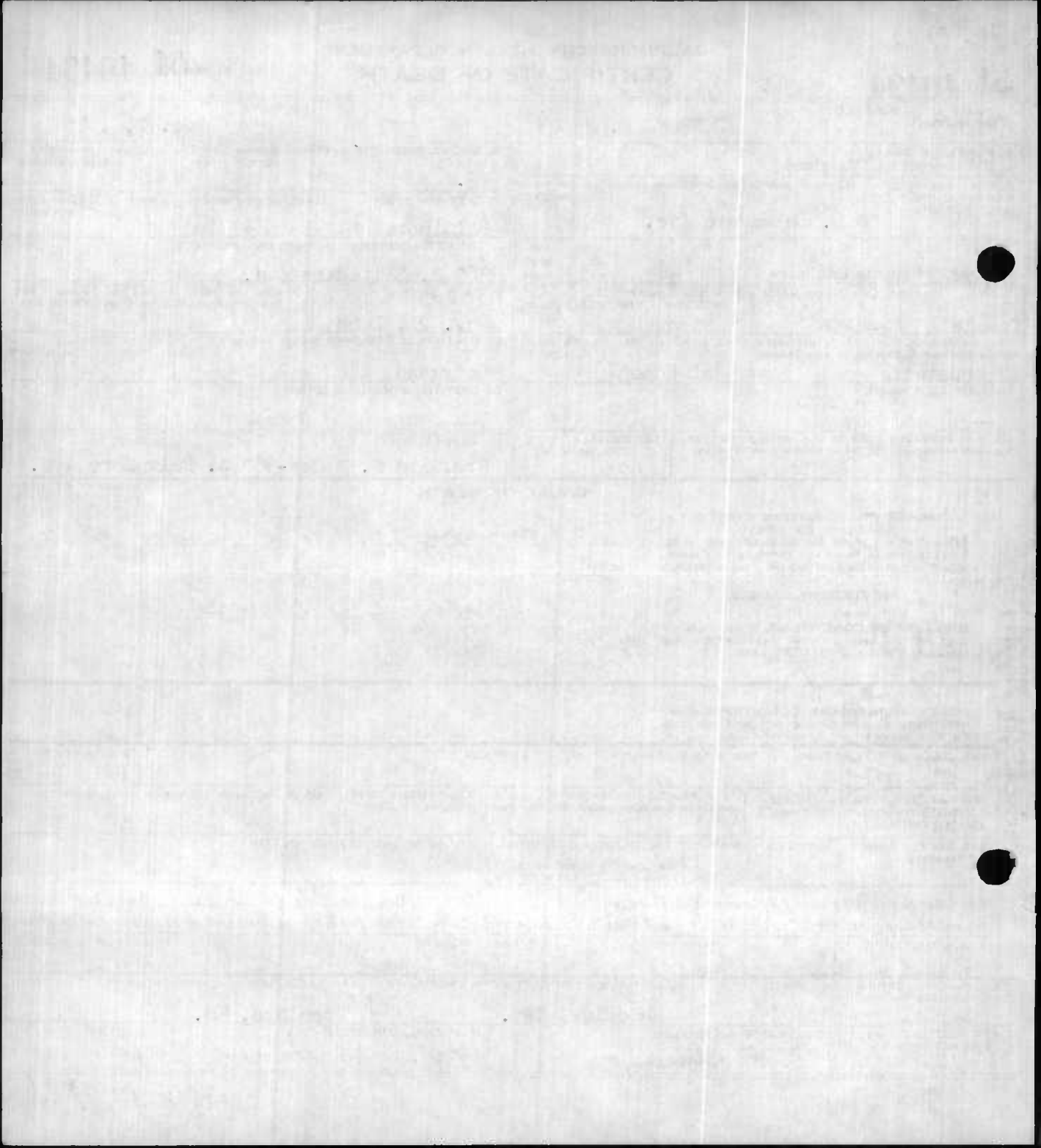
Registered No. **51 10494**

200
51 10494

1. NAME OF DECEASED (Type or Print) FLORENCE A. McCOY			2. DATE OF DEATH Dec. 2, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 360 E. Belvedere Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 360 E. Belvedere Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 21, 1868		9. AGE (In years last birthday) 83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME -- Almony			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or on leave) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mrs. Glen S. McCoy-360 E. Belvedere Ave.		

18. 470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary occlusion DUE TO (A)		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis DUE TO (B)		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 1, 1951 , to Dec 2, 1951 , that I last saw the deceased alive on Dec 1, 1951 , and that death occurred at 3:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Frederick J. Hollman		23B. ADDRESS 6100 York Road		23C. DATE SIGNED Dec. 3 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 12/5/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) Woodlawn, Md.		24E. FUNERAL DIRECTOR Mr. J. S. Sweeney & Sons		24F. ADDRESS Balto. 17 Md. 94a	
DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951		REGISTRAR'S SIGNATURE Frederick J. Hollman		25. FUNERAL DIRECTOR'S ADDRESS	



654
51 10495

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10495
103483

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Tormollan, Marjorie Jean			2. DATE OF DEATH 12/1/51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland, Baltimore City b. COUNTY SAME		
b. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) U.S. Pub. Health Serv. Hosp., Balto Md.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Maryland		
c. Length of stay in Baltimore 42 Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 2822 Belmont Av., Balto. Md.		
5. SEX Fem	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Div.	8. DATE OF BIRTH 1/29/09	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper			10B. KIND OF BUSINESS OR INDUSTRY Union Sweet Shop		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unk			14. MOTHER'S MAIDEN NAME Unk		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) unk		16. SOCIAL SECURITY NO. 214-30-2436		17. INFORMANT ADDRESS Edelm & Soules 34 S. Calverton Rd	

18. 171x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Squamous Cell Carcinoma of Cervix Uteri with Ext. Local Metastases (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH unk
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Left Uteral Obst with Pyohydronephroses Unk & Pyelonephritis, xxxxxx (C) Left Rheumatism, xxxxxx		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Rheumatic Heart Disease - Inactive		Unk

19A. DATE OF OPERATION none	19B. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH NO	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) no	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) no
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY no	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from **7/17/1951** to **12/1, 1951**, that I last saw the deceased alive on **12/1, 1951**, and that death occurred at **1 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Sam E. Stewart	23B. ADDRESS U.S. Pub. Health Serv. Hosp	23C. DATE SIGNED 12/2/51
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24A. BURIAL, CREMATION, REMOVAL (Specify) Buried	24B. DATE 12/5/51	24C. NAME OF CEMETERY OR CREMATORY Parkview	24D. LOCATION (City, town, or county) (State) Baltimore
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DATE RECEIVED BY LOCAL REGISTRAR DEC 4 - 1951	REGISTRAR'S SIGNATURE Walter J. Williams	25. FUNERAL DIRECTOR Howard H. Stettin	ADDRESS 503 E. Lombard Ave
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MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51-10496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. LILLIE CECILIA HOFFMAN

2. DATE
OF
DEATH

December 3, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Crawford Retreat
2117 Denison St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4016 Penhurst Ave.

Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 28, 1867

9. AGE (In years
last birthday)

84 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Saum

14. MOTHER'S MAIDEN NAME

Amey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Mrs. Carl Green, 3609 Kelox Road

18. 794X and E902.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized cachexia

2 mos.

DUE TO

IMMEDIATE CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION.

(B)

Immobility secondary to
fracture of left femur

3 mos.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, ~~IF~~ RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Multiple decubitus ulcers

2 mos.

19A. DATE OF OPERATION

Aug. 31, 1951

19B. MAJOR FINDINGS OF OPERATION

Fracture of l. femur - cast applied

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., to or
about home, farm, factory, street, office, etc.)

at home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

4016 Penhurst ave. (15)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Aug. 31, 1951 11 A. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped & fell out of bed

22. I hereby certify that I attended the deceased from Aug. 31, 1951, to Dec. 3, 1951, that I last saw the
deceased alive on Dec. 3, 1951, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. Goldstein

23B. ADDRESS

M. D. 5334 Liberty Heights Ave. Dec. 3, 1951

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Dec. 6, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

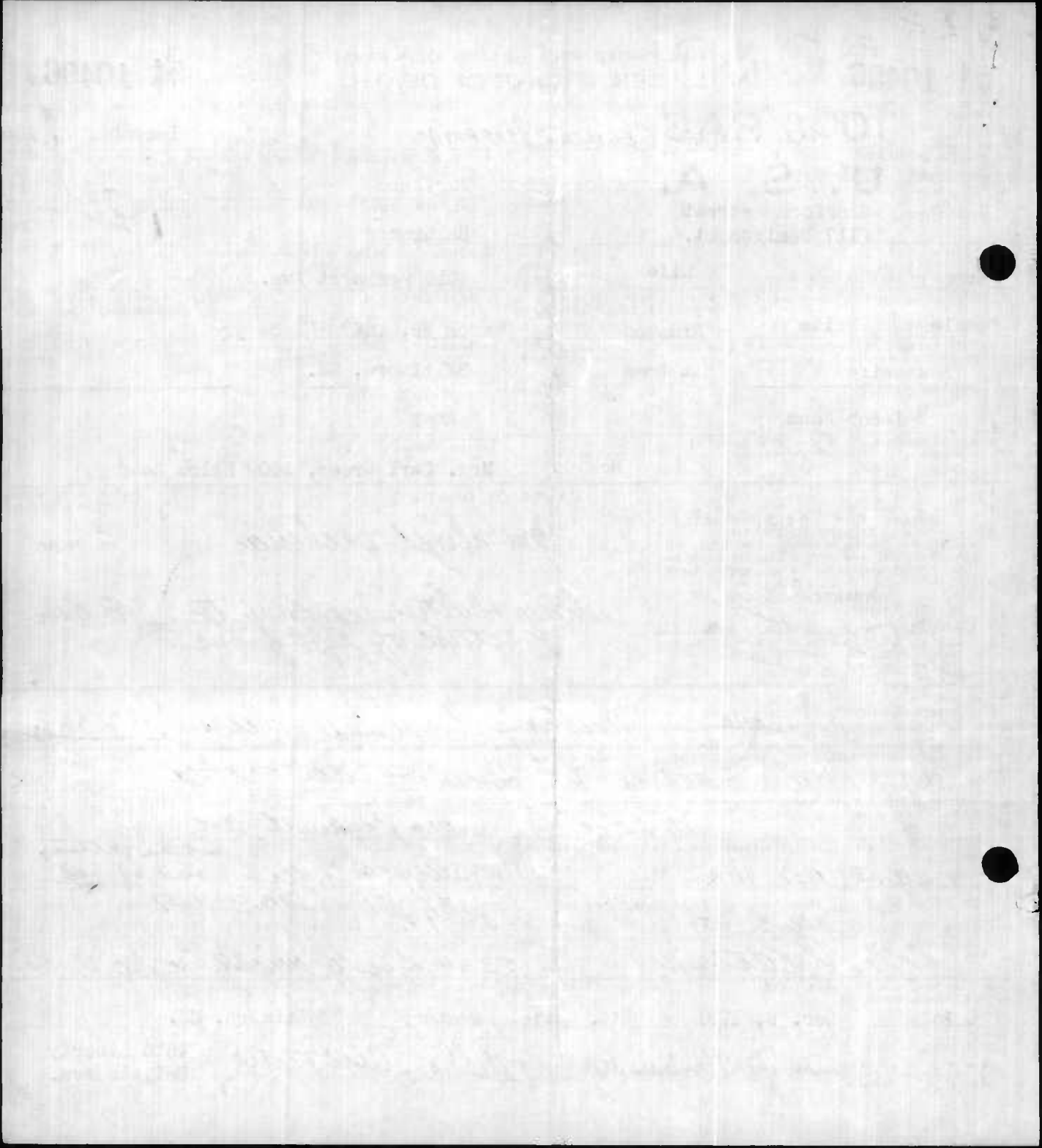
4510 Liberty
Heights Ave.

DEC 4 - 1951

VS 150

N-870.1

186a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 10497**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISABEL B. NAMES

2. DATE
OF
DEATH

December 4, 1951

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

(Baltimore) Rural

D. STREET ADDRESS (If rural, give location)

2117 Southland Avenue

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 22, 1887

9. AGE (In years
last birthday)

64

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Holly, New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John M. Buddington

14. MOTHER'S MAIDEN NAME

Rilla Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Grant B. Names, 2117 Southland Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH**

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Barbiturate intoxication**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

2117 Southland Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Dec. 3, 1951

A. m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Ingested overdose of phenobarbital

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
Dec. 4, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

12/4/51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Elmira,

New York

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEC 4 - 1951

William H. Williams, M.D.

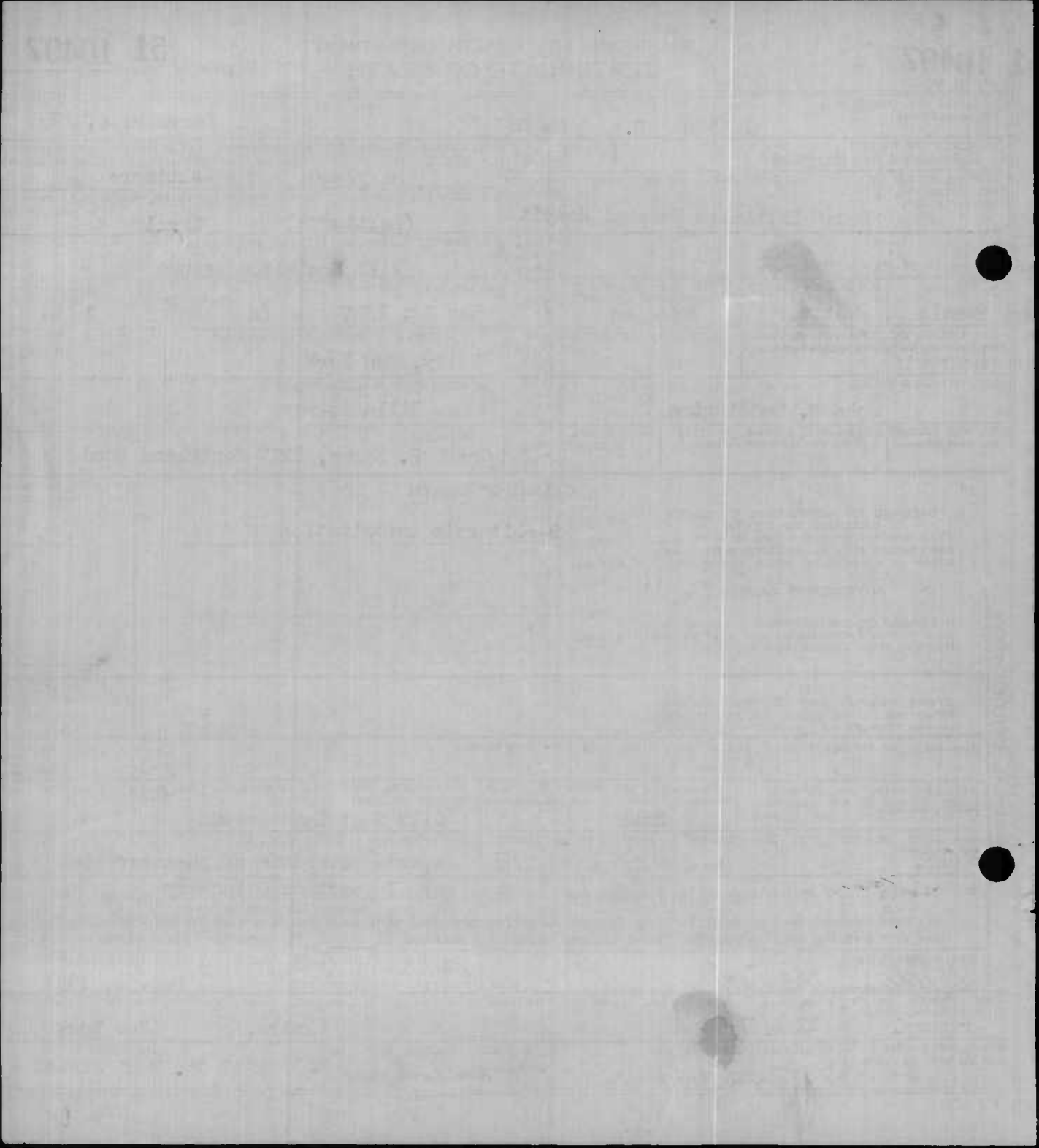
Wm. Cook, Inc.,

1217 St. Paul Street

V S 151

N 971-0

162 B ✓



F. 635
51 10498BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 10498
Registered No.

BIRTH NO. 51-28501

1. NAME OF DECEASED
(Type or Print)Robert C
Baby boy

FARTHING

2. DATE
OF
DEATH

12-3-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

Baltimore
BALTIMORE Middle River
township)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

30 LEFT WING DRIVE

C. Length of stay in Baltimore

rhm

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

12-3-51

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

17 40

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

G. Boyd Farming

14. MOTHER'S MAIDEN NAME

Chesbelie Todd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

17 40/60 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1951, to 12/3, 1951, that I last saw the
deceased alive on 12/3, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

94 人 7 月 3 日 05

2

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 10499

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Otto Wending (WENZING)

2. DATE
OF
DEATH

Nov. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

245 N. Payson St. (23)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

HATS

13. FATHER'S NAME

Otto Wending

8. DATE OF BIRTH

July 13, 1887

9. AGE (in years last birthday)

64

If Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Pauline Peterson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

217-07-4582

17. INFORMANT ADDRESS
Records: Baltimore City Hospitals
4940 Eastern Avenue

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive arteriosclerotic heart disease in failure

6 Mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized arteriosclerosis

Yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 1951 to 11-28, 1951, that I last saw the deceased alive on 11-28, 1951 and that death occurred at 8:05 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

12-4-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

12-7-51

24C. NAME OF CEMETERY OR CREMATORY

St. Peters

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

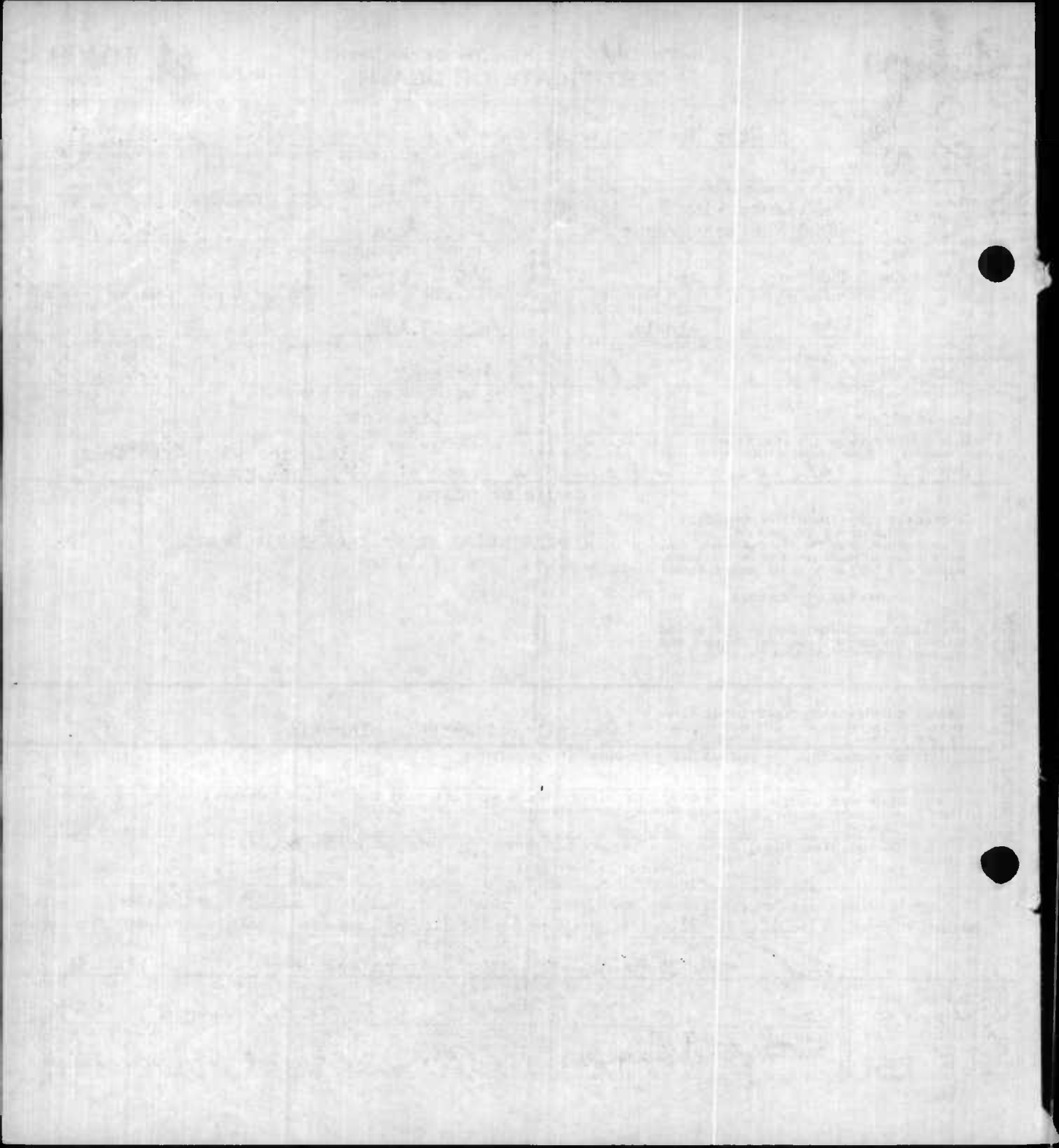
DEC 5 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

GEO. L. Schwab 2101 Frederick Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 10500

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) **BELLE PARKER** 2. DATE OF DEATH **12/4/51**

3. PLACE OF DEATH: **BALT.** 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. Baltimore City, Maryland A. STATE **MD.** B. COUNTY **7-3-01**

5. FULL NAME OF (If not in hospital or institution, give street address or location) **1020 S. SHARP ST.** 6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **BALTIMORE 30**

7. STREET ADDRESS (If rural, give location) **1020 S. SHARP ST.** 8. Length of stay in Baltimore
Yrs. _____ Mos. _____ Days _____

9. SEX **F** 10. COLOR OR RACE **NEGRO** 11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW** 12. DATE OF BIRTH **10/6/98** 13. AGE (In years last birthday) **53** 14. It Under 1 Year Months: _____ Days: _____ It Under 24 Hours Hours: _____ Min: _____

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Unemploy.** 16. KIND OF BUSINESS OR INDUSTRY _____ 17. BIRTHPLACE (State or foreign country) **VA.** 18. CITIZEN OF WHAT COUNTRY? **U. S.**

19. FATHER'S NAME **TOLLIVER MILLER** 20. MOTHER'S MAIDEN NAME **IDA FIELDS**

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) **NO** 22. SOCIAL SECURITY NO. _____ 23. INFORMANT **BLANCHE LAWSON - ABOVE** ADDRESS _____

24. 18. **491X** CAUSE OF DEATH **From BRONCHOPNEUMONIA** 25. INTERVAL BETWEEN ONSET AND DEATH **7 days**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) _____ DUE TO _____

26. ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____

27. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. **Arteriosclerosis** 28. 3 mos.

29. 19A. DATE OF OPERATION _____ 19B. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒

21. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

22. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK 21F. HOW DID INJURY OCCUR? _____

23. 22. I hereby certify that I attended the deceased from **11/6**, 19**51**, to **12/4**, 19**51**, that I last saw the deceased alive on **12/4**, 19**51**, and that death occurred at **8 A.M.**, from the causes and on the date stated above.

24. 23A. SIGNATURE **Joseph W. Adams II, M.D.** 23B. ADDRESS **1113 N. CAROLINE** 23C. DATE SIGNED **12/4/51**

25. 24A. BURIAL, CREMATION, REMOVAL (Specify) **Buried** 24B. DATE **12-8-51** 24C. NAME OF CEMETERY OR CREMATORY **Mt. Calvary** 24D. LOCATION (City, town, or county) (State) **Belts**

26. DATE RECEIVED BY LOCAL REGISTRAR **DEC 5 - 1951** 27. REGISTRAR'S SIGNATURE **Walter B. Snigg** 28. FUNERAL DIRECTOR **Walter B. Snigg** ADDRESS **139 W. Hamling St.**

See Document File 51-10500

12/12/51 ES